

**“A STUDY TO ASSESS THE EFFECTIVENESS OF COUNSELLING ON
DEPRESSION AMONG PATIENTS WITH CANCER”
ADMITTED IN THE CANCER INSTITUTE(WIA) CHENNAI,ADYAR.**

BY

JESSICCA ESTHER.J



**A dissertation submitted to
THE TAMIL NADU DR.MGR MEDICAL UNIVERSITY,
CHENNAI.**

**In partial fulfillment of the requirement for the award of the degree of
MASTER OF SCIENCE
IN MENTAL HEALTH (PSYCHIATRIC) NURSING**

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ABSTRACT

Introduction Cancer is a major life – threatening disease. The world health organization predicts that the global numbers of new cancer patients are expected to be increased 15 million & more than 11 million will die from this disease in the year 2017 cancer is the second most common cancer of death because of the prolong mildness & suffering nearly 20 to 40% of cancer patients show emotional distress.

Aims To assess the pre & post test level of depression level of patients with cancer. To evaluate the effectiveness of counseling on depression among patients with cancer. To associate the post test level of Depression with selected demographic variables of cancer patients.

Methodology A study was conducted to assess the effectiveness of counselling on depression among patient's with cancer institute, Adyar, Chennai. Pre experimental one group, pre and post test research design was used. Totally 40 were selected by probability simple random sampling technique as per inclusion criteria. The data was collected collected by the standard tool by the investigator and were analyzed by descriptive and interstial statistical methods.

Results In the pre test ,majority of cancer patient with 37(92.5%) had moderate level of depression and only 3(7.5%) had mild level of depression .In the Post test , majority of the cancer patient 35(87.5%) had moderate level of depression and 5(12.5%) had mild level of depression. The comparison of effectiveness of counselling on level of depression among cancer patients. In the pre test mean level of depression 55.14with SD 5.60 and the post test means level of depression 22.93 with SD 2.84. The calculate t=value 21.588 at $p < 0.005$ level, which clearly shows that there is significant different in the level of depression among cancer patients after counselling session .Thus the hypothesis H_1 was accepted.

Conclusion There by investigator conclude that the counselling has significant effect for decrease the level of depression among cancer patient.

***“Seek ye first the kingdom of God ,and his
righteousness; and all things shall be added
unto you”***

-Matthew: 33: 6

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INTRODUCTION



CHAPTER – I

INTRODUCTION

**“ To talk sometimes, to listen often, to understand always,
To cure sometimes, to relieve often, to comfort always.”**

- Pierre Ambrose.

BACK GROUND OF THE STUDY

Cancer is a major life – threatening disease. The World Health Organization predicts that the global numbers of new cancer patients are expected to be increased 15 million and more than 11 million will die from this disease in the year 2012. Cancer continues to be a worldwide killer despite the enormous amount of research and rapid developments seen during the past decade. According to recent statistics, cancer is the second most common cause of death. Because of the prolong illness and sufferings, nearly 20 to 40% of cancer patients show emotional distress.

Cell is the basic structural and functional unit of life. All organisms are made up of cells and all vital functions of an organism take place within the cell. Human bodies are made up of billions of cells that grow, divide, and then die in a predictable manner. Cancer occurs when something goes wrong with this system, causing uncontrolled cell division and growth.

Cancer continues to be a worldwide killer, despite the enormous amount of research and rapid developments seen during the past decade. According to recent statistics, cancer is the second most common cause of death. By 2020, it is expected that approximately 15 million new cancer cases will be diagnosed.

Approximately 10 million people are diagnosed with cancer and more than 6 million die of the disease every year. About 22.4 million persons were living with cancer in the year 2011. Cancer prevalence in India is estimated to be around 2.5 million with over 8,00,000 new cases and 5,50,000 deaths occurring in each year due to this disease.

Cancer not only affects organs system physically but can also affect the mind as a psychiatric disorder, depressive disorders and symptoms are common in cancer patients(Up to 38% is having major depression). It worsens the course of cancer treatment, persist long after cancer therapy, and reoccur with the reoccurrence of significantly on quality of life Depression is

seen in many cancer patients approximately 25% of palliative care patients. Palliative counselling for patients and supportive counseling for their family are recommended as part of treatment plan. Psychological support should be offered to severely depressed patients. It is well documented that counseling and psychotherapy can interfere quality of life for cancer patients. The goal of counselling and psychotherapy is to help patients to make functional, emotional, spiritual adjustment necessary to maintain their quality of life.

“Prevention is better than cure”, and same applies for depression prevention. People who have suffered from depression before, at first time they will be able to notice that their mood is going down, Such people should immediately try and heart depression by ensuring certain basic life style. Some important ways to deal with depression includes sticking to balance diet, proper exercise, adequate sleep, relaxation, thinking positively, keeping oneself occupied and engaged as much as possible in recreational activity like listening music, watching TV.

Burksand steffire et.al.,(2002) Conducted a study to assess Counselling is defined as a process to understand and clarify his/her self self determined goals through goals through meaningful, well informed choices and through resolution of problems of an emotional or interpersonal nature.

Bliss J, Law M et.al., (2000) Conducted a study to assess As a matter of fact there are physical, social, emotional, and spiritual burdens placed upon cancer patients. They and their families require adjustment, coping, and adaptation to their living with a number of psychological, social interpersonal and economic levels of functioning. Thus, individual counseling on how to live with disease are necessary,

NEED FOR THE STUDY

Depression is a disabling illness that affects about 15% to 25% if they are affective cancer. It affects men and women with cancer equally, People who face a diagnosis of cancer will experience different levels of stress and emotional upsets,

Patients who are receiving palliative care for cancer may have frequent feelings of depression and anxiety, leading to much lower quality of life.

Sadness and grief are normal reactions to the crisis faced during cancer and will be experienced at times by all people. An important part of cancer care is the recognition of depression that needs to be treated. In an effort to reduce the occurrence of depression among cancer patients, special attention is needed for changes in the psychological status in patients with knowledge about their diagnosis and patients in advanced disease stage. Good communication within the family reduces anxiety.

Geyen DJ et.al.,(2005) Conducted a study to assess Cancer is a devastating disease, Awareness of this disorder tremendously impacts an individual's life, creating a host of changes to occur, Depression is one concern that many cancer patients experience. It is important to make an accurate and complete assessment of depressive symptoms. Furthermore, a heightened awareness of patients' culture and their perceptions are vital to their assessment, diagnosis, and treatment of depression. In cases of clinical Depression, appropriate antidepressants prescribed along with the treatment for Cancer are significant for the patient. Palliative counseling for patients and supportive counseling for their family are recommended as part of a treatment plan.

Donohue-Smith M et.al.,(1996) Conducted a study to assess counselling needs of women with breast cancer, Research has demonstrated that some women treated for breast cancer are at risk for significant and persistent emotional distress and disrupted quality of life. Factors identified that appear to make women psychologically vulnerable include younger age at diagnosis, a history of life stress or depression prior to diagnosis, and more advanced disease. Research has quickly moved to develop and implement psychological interventions to help these women, although little is known about the patients' perceptions of their need for, and use of, such services.

Montac and Lazarus (1991) Conducted a study to assess Coping strategies refer to the effort of an individual to master demands that are perceived as taking or exceeding the resources.

Folkman & Lazarus, 1980 Conducted a study to assess Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce or minimize depression events. Two general coping strategies have been distinguished: problem-solving strategies and emotional – focused coping strategies. People use both type of strategies to combat most depressive events.

TATA Conducted a study to assess Depression can amplify the intensity of pain and can diminish one's ability to cope up with life. Depression can lead to difficulty in decision making at this critical time of one's life. Pain is a major factor which cause distress to the patient.

The depression is most common emotional problem among cancer patients hence the Researcher felt that some psychological intervention will help these patient to get out of their depression. So, the researcher was introduced to give counseling for cancer patients.

The researcher personally felt from the experience that when he was working in clinical set up, most of the patients with cancer develop depression and most of the time it is not cared for or it is neglected by the health team members. So the researcher became interested to explore the feelings of the patients and wants to help them for a better life.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of counselling on depression among patients with cancer admitted in the Cancer Institute(WIA) Chennai,Adyar.

OBJECTIVES

1. To assess the pre and post test level of depression among patients with cancer.
2. To evaluate the effectiveness of counseling on depression among patients with cancer.
3. To associate the post test level of depression with selected demographical variables and clinical variables among patients with cancer.

OPERATIONAL DEFINITION

(i) Effectiveness

It refers to significant reduction of depression level as determined by the difference between pre test and post test scores after counselling.

(ii) Counselling

Professional guidance of the individual by utilizing psychological methods especially in collecting case history data, using various techniques of the personal interview, and testing interests and aptitudes of patients.

(iii) Depression

Depression is a serious problem that medical illness that negatively affects person feel, think and how you act.

(iv) Patients with Cancer

The patients are diagnosed as cancer with the help of confirmatory investigation by specialized Doctors.

HYPOTHESIS

H1:There is a significant difference level of depression among cancer with patients after counselling

H2:There is a significant association between the level of depression with selected demographic variables.

H3:There is a significant association between the level of depression with selected clinical variables.

ASSUMPTIONS

1. Patients with Cancer will have various level of depression.
2. Persistent depression affects the quality of life.
3. Counselling enhances the sense of well being and reduces the morbidity.

DELIMITATION

1. The study is delimited to only 40 samples admitted in cancer center.
2. The study period is delimited only for 6 weeks.
3. The study is delimited to patients with cancer.

Projected Outcome

- 1.The counselling is Helpful to reduce the Depression level among Patient with cancer.
- 2.The Counselling brings Maximum relaxation from their life .

Human Rights Protection

- 1.This study was done after obtained permission from college ethical committee.
- 2.Prior Permission was obtained from the administrator of the cancer institute where this study was conducted .
- 3.The Participants were explained about the study and oral consent was obtained .

CONCEPTUAL FRAME WORK

BASED ON WIDENBACH'S HELPING ART OF CLINICAL NURSING THEORY (1964)

Conceptual framework helps to express abstract ideas in a more readily understandable or precise form than the original conceptualization.

It presents logically constructed concepts to provide general explanation of the relationship between the concepts of research study, without using a single existing theory. Conceptual framework is usually constructed by using researcher's own experience, previous research findings, or concepts of several theories and models.

-Dr. Suresh k. Sharma

The study is based on the Widenbach's Helping art of clinical nursing theory. Widenbach views nursing as an art based on goal directed care. Widenbach's nursing practice consists of identifying a patient's need for help, ministering the needed help and validating that the need for help was met or not.

In Widenbach's theory, identification refers to determining a patient's need based on the existence of a need. Ministration refers to the provision of needed help. Validation refers to a collection of evidence that shows a patient's need has been met or the functional ability has been restored as directed results of the nurse's actions.

IDENTIFICATION

In this study identification refers to finding the level of depression among cancer patients by using Zung self rating depression scale .

MINISTRATION

Ministration is the process of conducting a counselling for overcome the depression.

VALIDATION

Validation refers to predicted difference in the level of depression among cancer patient as measured by Zung self rating tool.

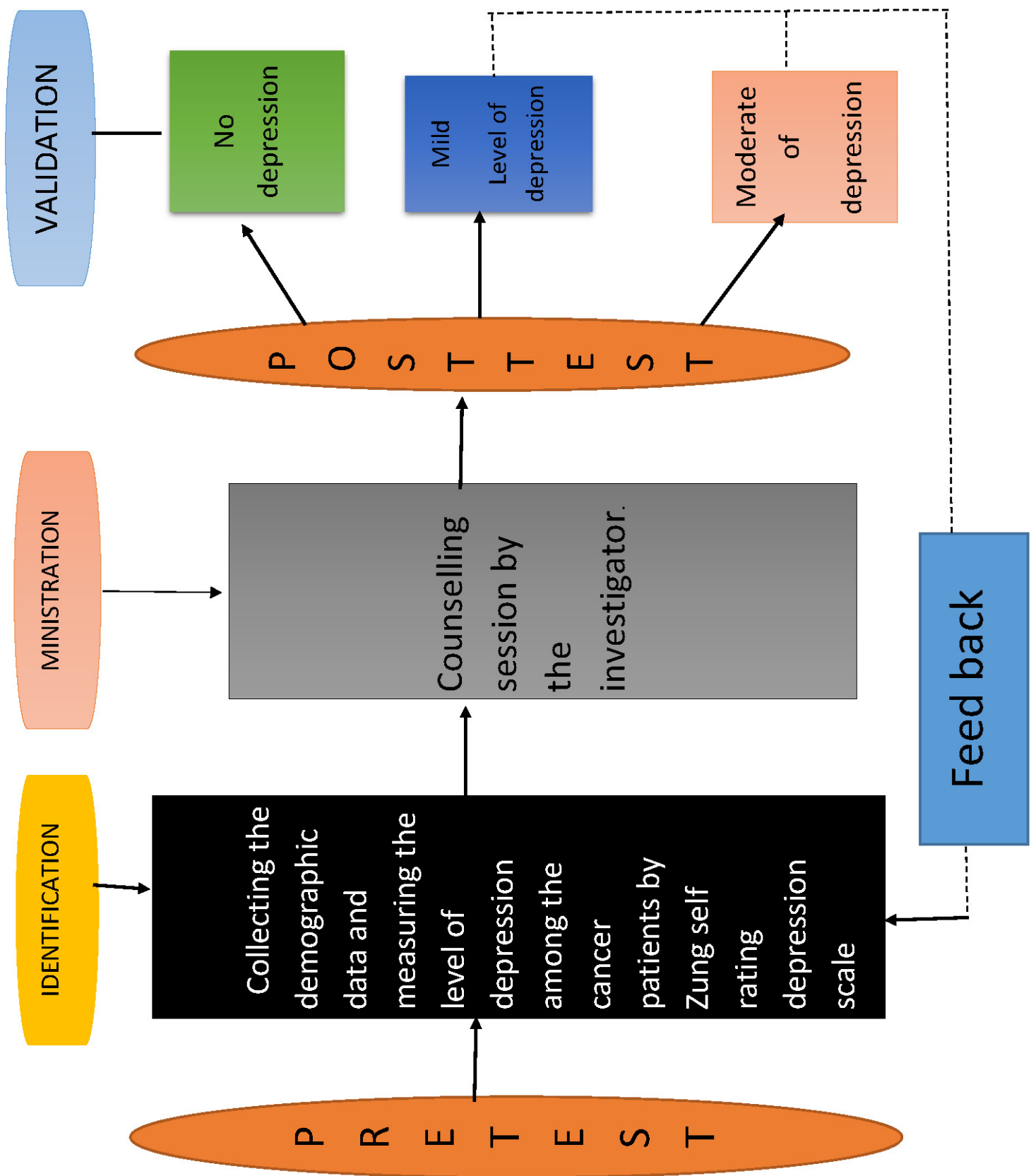


Fig-1:Based on Widenbach's helping art of clinical nursing theory.(1964)

REVIVE OF LITERATURE



CHAPTER – II

REVIEW OF LITERATURE

Review of literature is a written summary of the study conducted previously related to the present study topic. The literature helps the researcher of familiarize with the knowledge base. This chapter deals with literature relevant for the study and conceptual framework used for the study. Literature relevant for this study has been organized in the following sections.

LITERATURE REVIEW IS PRESENTED UNDER THE FOLLOWING HEADINGS:

Section – A : Studies related to depression among patients with cancer.

Section – B : Studies related to effectiveness of counselling among patients with cancer.

SECTION – A: STUDIES RELATED TO DEPRESSION AMONG CANCER PATIENTS

Gagliese L, et.al.,(2007) conducted study on Cancer pain and depression to the growing numbers of older cancer patients. To provide a systematic review of the literature regarding age-related patterns in the Intensity or prevalence of depression among cancer patients with pain. The studies were compiled and systematically reviewed. The result showed Five articles, describing four studies, met the inclusion and exclusion criteria. Due to high levels of cross-study methodological variability, a qualitative review was undertaken. Three of the four studies did not find evidence for age-related patterns in depression. The fourth study found that depression increased with age Medical and psychological literature databases were searched to identify eligible studies. The methodological reviewed. The study was concluded. The weight of the evidence suggests that younger and older cancer patients with pain report comparable levels of depression. However, this conclusion remains preliminary due to the methodological limitations of the available studies

Lueboonthavatchaied et.al.,(2007) The present study was aimed to identify the prevalence and associated psychosocial factors of anxiety and depressive disorders in breast cancer patients. Three hundred female breast cancer patients, aged 18 years old from the Surgical Outpatient Department, King Chulalongkorn Memorial Hospital, were recruited into the study from December 2006 to May 2007. All samples completed five questionnaires: 1) Demographic data and history from, 2) Thai Hospital Anxiety and Depression Scale (Thai HADS), 3) Social Support Questionnaire, 4) Family Relationship and Functioning Questionnaire, 5) Problem and Conflict Solving Questionnaire. The prevalence of anxiety and depressive disorders was reported in percentage. The association between psychosocial, demographic, and clinical factors and anxiety and depression was analyzed by ANOVA test (for continuous data) and chi-square test (for categorical data). Logistic regression was performed to identify the potential predictors of anxiety and depression. A p-value of less than 0.05 was considered statistically significant study was concluded Anxiety and depressive disorders are two common psychiatric disorders in breast cancer.

Mystakidou et.al.,(2007) conducted study on Depression, hopelessness, and sleeps in cancer patients' desire for death. The aim of this study was to evaluate the prevalence of clinical Characteristics and risk.

Factors for hastened death in advanced cancer patients. The researcher used Visual Analogue Scale. This study sample consisted of 102 terminally ill cancer patients attending a Palliative Care Unit. Showed Statistically significant associations were found. It concluded that Depression, hopelessness, and Sleep quality appeared to have a statistically significant relationship with desire for hastened death. Health care professionals finding desire for death In hopelessness, But also other factors such as poor sleep quality in their diagnostic Formulations in order to provide the appropriate treatment.

EII K, Sanchez K, et al had conducted study to assess the depression among low-income, ethnic minority women with breast or gynecologic cancer, counseling services, and correlates of depression. Study patients ware 472 women receiving cancer care in an urban public medical center were selected as study sample. Self report date were collected using a diagnostic depression screen and baseline questionnaire and results Twenty-four percent of women reported moderate to severe levels of depressive disorder (30% of breast cancer patients and 17% of gynecologic cancer patients). Only 12% of women meeting criteria for major depression reported currently receiving medications for depression, and only 5% of women reported seeing a counselor or participating in a cancer support group.

Vercosa N et.al,(2015) conducted study on the diagnosis of depression in patients with advanced cancer with pain researcher used a literature review and findings shows that Pain and depression are prevalent symptoms in cancer patients. Considering the different points of intersection between physical and mental diseases, sometimes the diagnosis of depression in patients with cancer and pain is difficult. This datum is very important because depression decreases considerably the quality of life of patients, and should be diagnosed and treated properly. Only 20% of women meeting criteria for major depression reported currently receiving medications for depression, and only 10% of women reported seeing a counselor or participating in cancer support group.

Gan To Kagaku Ryoho et.al.,(2002) conducted study on the Management of psychiatric symptoms in cancer patients] Depression in cancer patients is common and occurs throughout the course of cancer illness. The prevalence of major depression in cancer patients was reported to range from prevalence of major depression in cancer patients was reported to range from 6 to 42% This reflects various cancer-related variables, such as pain and low performance status as well as risks for major depression. To avoid under-diagnosing depression in cancer patients, examinations should include not only psychological symptoms, but also physical symptoms. Treatment includes patient education, counseling, behavioral techniques and antidepressant medications. In palliative care settings, life review interviews might be effective for treating.

Montazeri A et.al.,(2001) conducted study on A prospective study was conducted to assess the long-term impact of attending a support group on the prevalence of psychological morbidity in patients with breast cancer before and after one Year participation in the Iranian breast cancer support group. Psychological morbidity was measured using the hospital anxiety and depression scale (HADS). In addition, qualitative data were collected to throw some lights on the topic,. Analysis of the qualitative data indicated that the group involvement was the most important factor that contributed to the patients' improved psychological well-being. The findings of this prospective study suggest that participation in cancer support groups could have a long-term effect in reducing anxiety and depression in breast cancer survivors.

Nippon Rinsho et.al.,(2001) conducted study on the Depression in cancer patients is common and occurs throughout the course of cancer illness. We review diagnosing, treatment and palliative care issues as well as epidemiology and etiology of major depression in cancer patients. The prevalence of major depression in cancer patients was reported to range from 6 to 42% It reflects various cancer related variables, such as pain and low performance status as well as risks for major depression. To avoid under-diagnosing depression in cancer patient, it should include to only psychological symptoms, but also physical symptoms, but also physical symptoms. The treatment includes patient education, counselling, behavioral techniques and antidepressant medications. In palliative care setting, life review interview would be effective for depression.

Haig RA. et.al.,(2000) conducted study on Management of depression in patients with advanced cancer. The objective to formulate guidelines on the assessment, diagnosis and treatment of depressive symptoms in patients with advanced cancer, based on a review of the literature and

clinical experience the study selection on the prevalence and diagnosis of depression in patients with cancer or related conditions or on the management or treatment of depressive symptoms arising in these patients. A good rapport with the patient and important for good management. Active Psychotherapeutic strategies include cognitive therapy techniques, management of self-defeating patterns of thought and low morale, and psychosocial group treatments. It concluded that there is a need for more research into the diagnosis of depression in the medically ill and the use of antidepressants and counseling techniques in patients with cancer.

Section- B: STUDIES RELATED TO EFFECTIVENESS OF COUNSELLING AMONG CANCER PATIENTS

Barsevick AM et.al., (2010) Conducted study on a systematic qualitative analysis of psycho educational interventions for depression in patients with cancer. The main objectives to determine whether research-based recommendations can be made about the clinical management of depression in patients with cancer. Reports of scientific studies, qualitative or quantitative systematic reviews of scientific studies, and practice guidelines published from 1980-2000. In all, 36 pieces of evidence supported the conclusion that psycho educational interventions benefit depressive symptoms. Evidence included two well-conducted meta-analyses and nine well-designed randomized clinical trials with large samples ($N > 100$). With regard to intervention content, 70% of behavior therapy studies and 66% of counselling studies drew conclusions that supported the hypothesis. In addition with cancer education had positive results. The evidence supports the conclusion that psycho educational interventions reduce depressive symptoms in patients with cancer and that behavior therapy or counselling alone or in combination with cancer education is beneficial. Nurses can select from a variety of educational, behavioral, and counselling techniques to prevent or manage depression in their patients.

Marcus AC et.al., (2009) Conducted study on, Providing psychosocial counselling services to cancer patients and their significant others by telephone is emerging as an alternative to traditional (in-person) counseling programs in psycho oncology. In this paper, data are reported describing the clients of such a program that has been in continuous operation since 1981: the Cancer Information and Counselling Line (CICL) of the AMC Cancer Research Center. An examination of call record forms completed between 1 June 2000 and 30 May 2001 ($N = 1627$)

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Badger T et.al., (2009) Conducted study on telephone interpersonal counseling for women with breast cancer and their partners. Substantial evidence exists that face-to-face psychosocial interventions improve psychological adjustment and health-related quality of life for patients with cancer. Yet psychosocial interventions are not offered routinely, and many patients with cancer do not use face-to-face counseling mechanisms. The telephone may be an innovative and effective method of delivering interventions, and telephone-delivered interpersonal counseling may be an especially effective intervention for women with breast cancer and their partners. This conclusion remains Despite the fact that the telephone counselling occurred over a brief period of time, the women and her partner in this case study reported substantial positive changes in their own distress (e.g., symptoms such as depression and anxiety) and the nature of their relationships with each other and their children. This is precisely the effect that would be

PILOT STUDY

Pilot study was conducted in Cancer institute (WIA)Chennai,Adyar from 13-06-16 to 18-06-16 among the patients with cancer after getting written permission from concerned authority. The purpose of study was explained to the samples and oral consent was taken. The total sample size was 5. On the first day pre-test was done by using Zung Self Rating Scale.

Counselling was given to individual sample. Duration of counseling was 30 minutes. Individual counseling was done, session I was given on the first day, II session on the second day III and IV sessions on the third and fourth day respectively Counselling was done in four session day 1 day 4 and post test was done on the day 5. The results were analyzed and interpreted.

Data Collection Procedure

The data collection was done from 21.11.2016 to 31.12.2016 for a period of 6 weeks. The study was conducted at the cancer wing in Cancer institute (wia)Chennai,Adyar. After getting the written permissions, from concerned authorities. The total sample size was 40 patients with cancer. The purpose of the study was explained to the sample and willingness to participate was assured by taking oral consent form each samples Weekly 10 samples were taken for counselling from 9.00am to 1.00 pm.

In the first session it was the pre-interaction and introductory phase in which rapport was maintained. Each sample was counseled for a period of 30 – 45 minutes according to their problems. Their personal were taken for a second session after seven days, in which the feelings of the patient were explored. Again the working phases was conducted after one week in which the researcher helped the patient to develop a positive strategy towards the disease. It resulted in the termination of the relationship. On fourth session the level of depression was re-assessed by using the Zung self rating depression scale.

Plan for Data Analysis:

S.No	Objectives	Statistical Method
1.	To assess the pre and post test level of depression among cancer patients	Descriptive statistics; frequency, percentage, mean and standard deviation.

2.	To evaluate the effectiveness of counselling on depression among patients with cancer	Inferential statistics : paired 'T' test.
3.	To associate the post test level of depression with selected demographical variables and clinical variables among patients with cancer.	Inferential statistics : chi square test.

DATA ANALYSIS AND INTERPRETATION

The data obtained were classified under 5 headings.

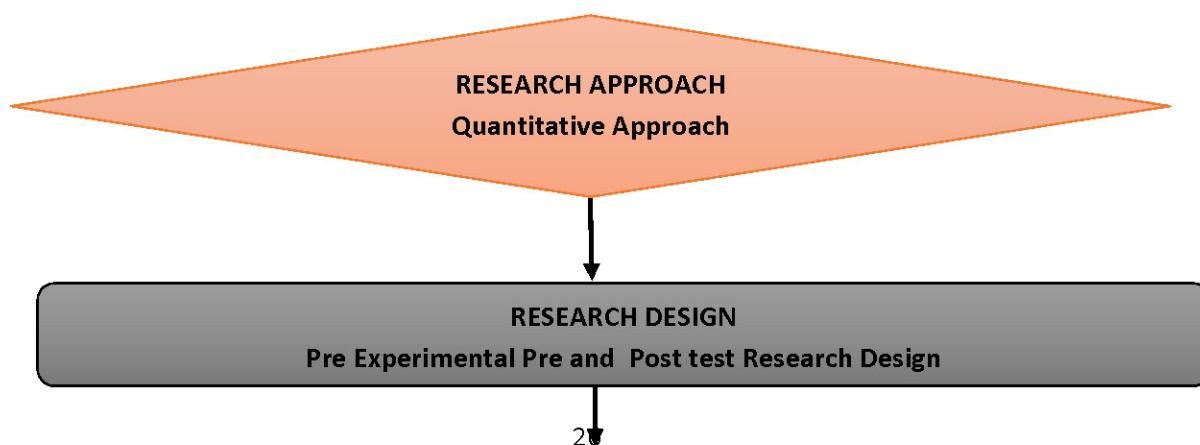
Section A:Frequency and percentage distribution of demographic variables of the cancer patients.

Section B::Frequency and percentage distribution of Clinical variables of the cancer patients.

Section C:Assessment of pre test and post test level of depression among of the cancer patients.

Section D :Effectiveness of counselling on level of depression of the cancer patients.

Section E :Association of post test level of depression with selected demographical variables and clinical variables.



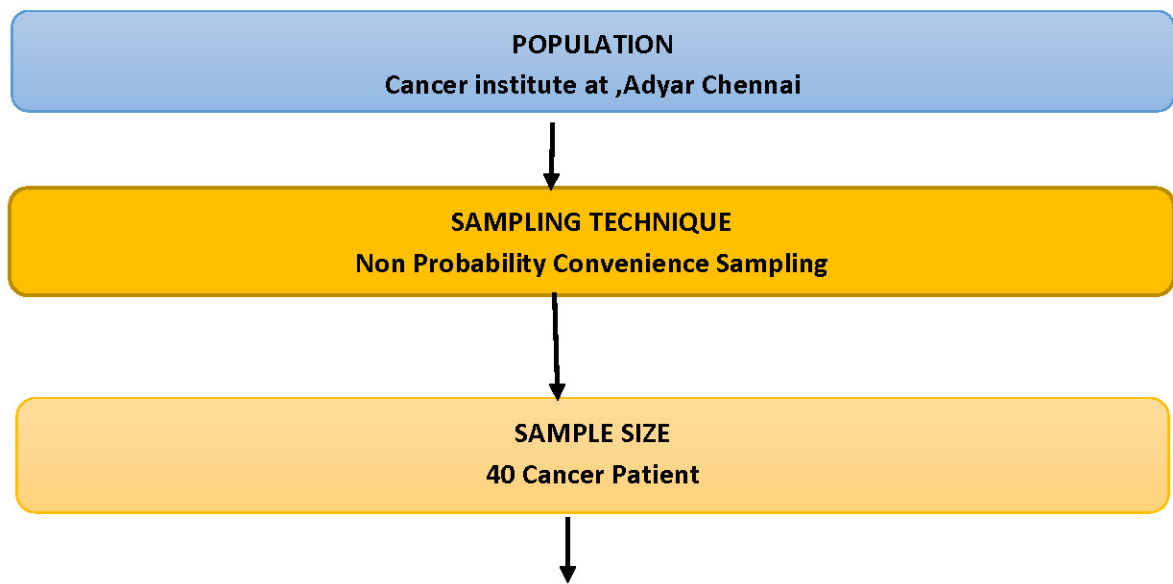


Fig 2 schematic of Counselling on depression on research study

DATA ANALYSIS AND INTERPRETATION



CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the Data analysis and interpretation. To assess the effectiveness of counselling on depression among patients with cancer admitted in the cancer institute(WIA) Chennai,Adyar.

Descriptive and inferential statistics were used for the analysis of the data .According to the objectives the interpretation has been tabulated and organized as follows.

ORGANIZATION OF DATA

The data obtained were classified under 5 headings.

Section A:Frequency and percentage distribution of demographic variables of the cancer patients.

Section B: :Frequency and percentage distribution of Clinical variables of the cancer patients.

Section C:Assessment of pre test and post test level of depression among patients with cancer.

Section D :Effectiveness of counselling on level of depression of the cancer patients.

Section E :Association of post test level of depression with selected demographical variables and clinical variables.

SECTION – A

DISCRIBTION OF DEMOGRPHY VARIABLES OF THE CANCER PATIENTS

Table : 1- Frequency and percentages of distribution ofdemographic variables of Cancer patients.

N=40

S.No	Demographic variables	Frequency	(%)
1	Age in years		
	a) 25 to 35	10	25.00
	b) 36 to 45	15	37.50
	c) 46 to 55	5	12.50
	d) Above 56	10	25.00
2	Gender		
	a) Male	10	25.00
	b) Female	30	75.00
3	Education		
	a) Illiterate	3	7.50
	b) schooling	10	25.00
	c) Under graduates	14	35.00
	d) Others	13	32.50
4	Occupational status		
	a) Employed	30	75.00
	b) Non employed	10	25.00
5	Economic status.		
	a) Rs 5000-10000	16	40.00
	b) Rs10001-15000	22	55.00
	c) Rs 15001-20000	0	0.00
	d) RsAbove20001	2	5.00

6	Mode of payment		
	a) Self	17	42.50
	b) Insurance	23	57.50
7	Availability of family support		
	a) Yes (if yes specify)	40	100
	b) No	0	0.0

Table 1 Shows that majority of the participants 15 (37.50%) were between 36-45 years of age and 10(25.00%) belongs to 25-35 years of age, least 5(12.50%) were between 46-55years of age.

With respect to gender, majority of participants 30(5.00%) were female and rest of the 10(25.00%) were male.

With regard to the education 14(35.00%) were under graduate and 13(32.50%) Had other diploma education,10(25.00 %) had schooling ,3(7.50%) were illiterate.

Regarding occupation 30(75.00%) participants were employed and 10(25.00%) non employed.RS 10,001 to 15,000, 16(40.00%) were earning Rs.5,000 to 10,000 , 2(5.00%) were earning above Rs 20,000.

In the view of considering the mode of fees payment 23(57.50%) were paid by insurance , 17 (42.50%) were paid by self.

In the view of availability of family support,all40(100%) were supported by the family members

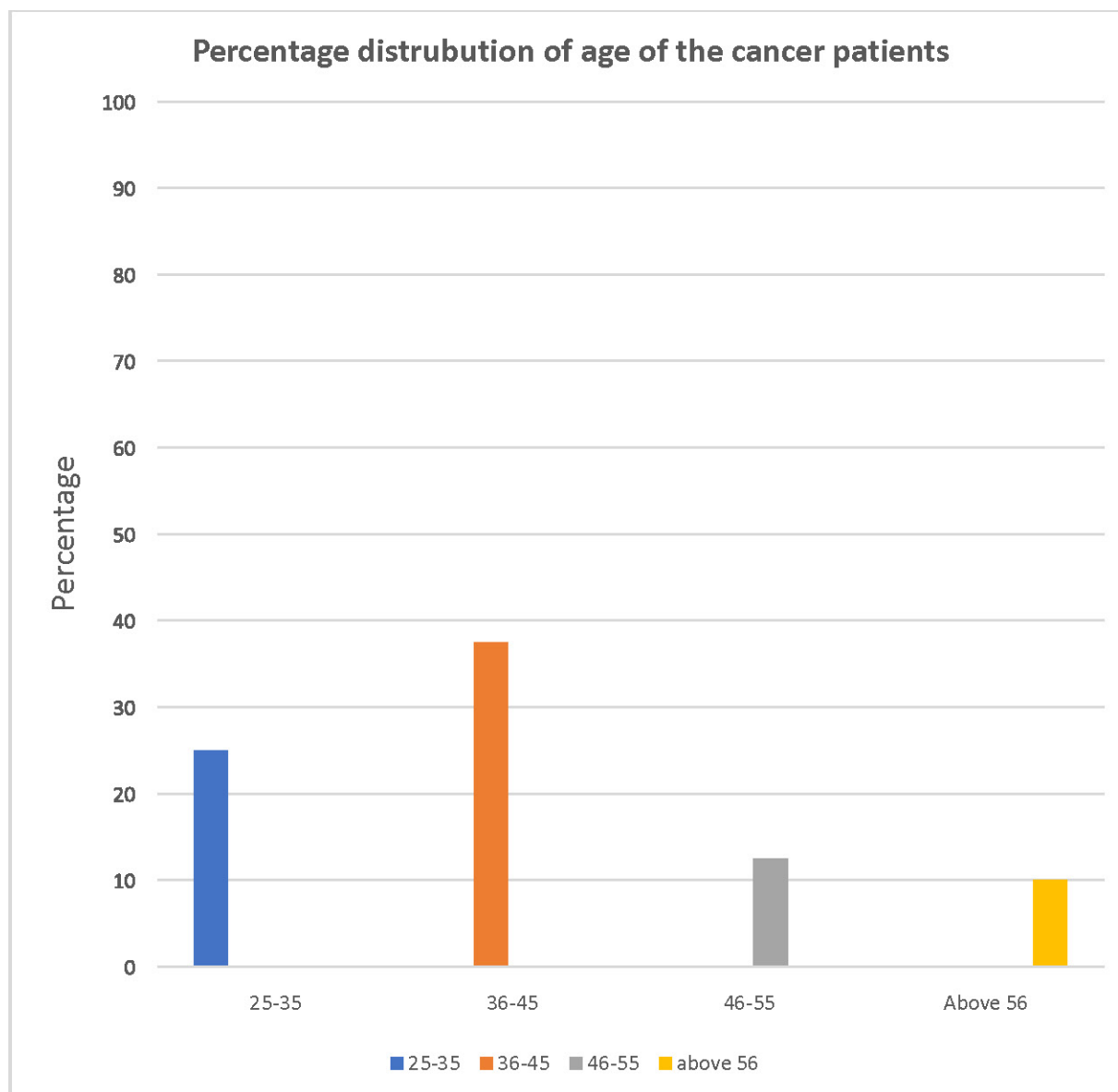


FIG-3: PERCENTAGE DISTRIBUTION OF THEIR AGE

APPENDIX-IV

CERTIFICATION OF EDITING

TO WHOM SO EVER IT MAY CONCERN

Certified that the dissertation paper titled **“A study to assess the effectiveness of counselling for depression among patients with cancer in Cancer Institute At adyar Chennai”** by **Mrs.JESSICCA ESTHER.J** . It has been checked for accuracy and correctness of English language used in presenting the paper is lucid, unambiguous free of grammatical and spelling errors and is apt for the purpose.

Signature.

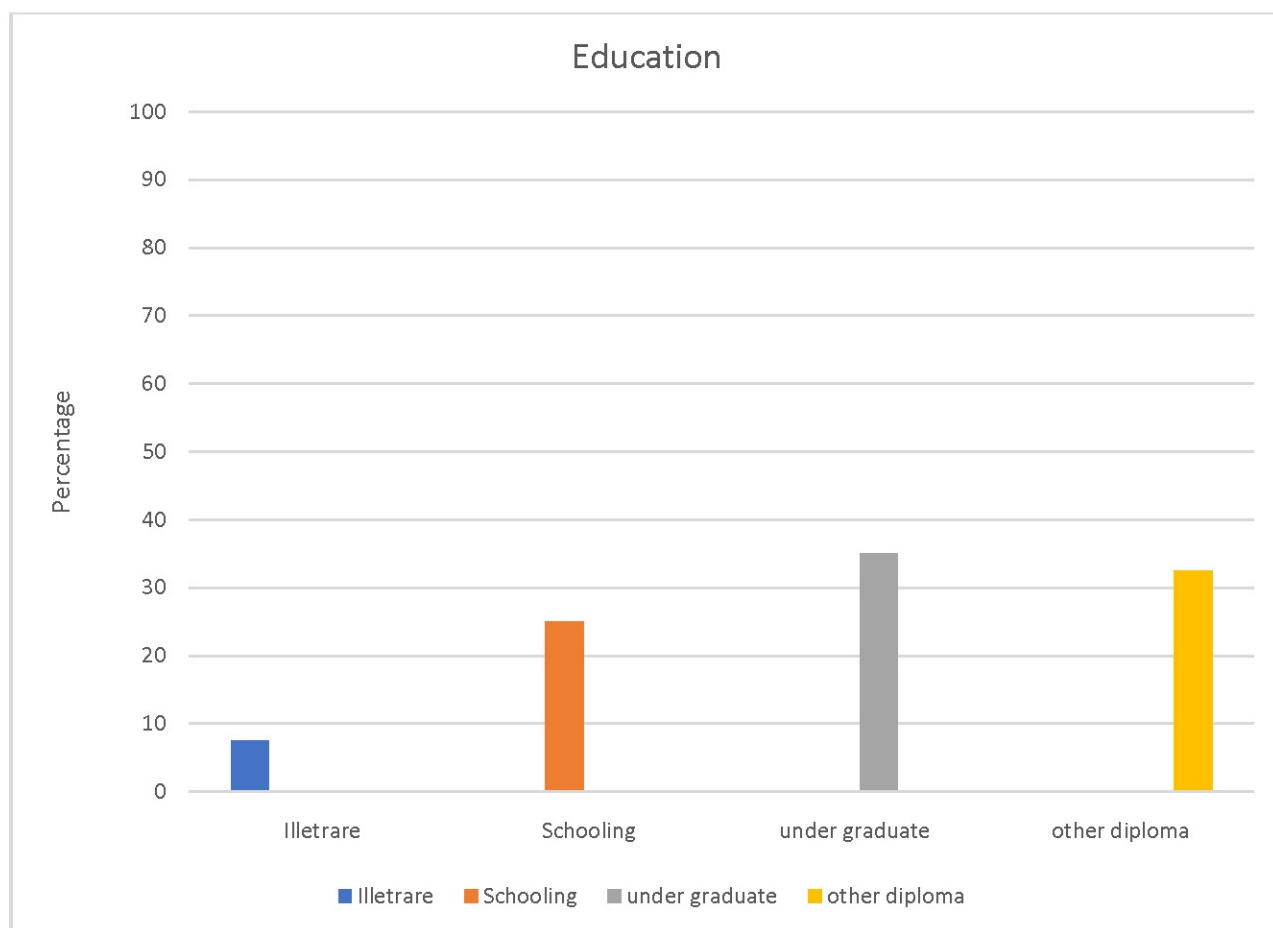


Fig.5 Percentage distribution of the education

predicted by interpersonal theories of psychological distress. These results were not atypical for other women and their partners who participated in the study.

Bailelyta et.al., (2008) conducted study on Understanding and treating depression among cancer patients. Cancer is a devastating disease. Awareness of this disorder tremendously impacts an individual's life, creating a host of changes to occur. Depression is one concern that many cancer patients experience. It is important to make an accurate and complete assessment of depressive symptoms. Furthermore, a heightened awareness of patients' culture and their perceptions is vital to their assessment, diagnosis, and treatment of depression. In cases of clinical depression, appropriate antidepressants prescribed along with the treatment for cancer are significant for the patient. Palliative counseling for patients and supportive counseling for their family are recommended as part of a treatment plan.

Trief PMet.al(2007) conducted study on Research has demonstrated that some women treated for breast cancer are at risk for significant and persistent emotional distress and disrupted quality of life. Factors identified that appear to make women psychologically vulnerable include younger age at diagnosis, a history of high life stress or depression prior to diagnosis, and more advanced disease. Research has quickly moved to develop and implement psychological interventions to help these women although little is known about the patients' perceptions of their need for, and use of, such services. This article presents research that focuses on the perceptions of the women themselves using a survey technique.

Jansirani et.al (2007) conducted a study to assess the knowledge on cancer cervix, stress and coping strategies of women receiving treatment for cancer cervix in outpatient department of selected cancer institute, Salem. The study found the knowledge of women regarding cancer of cervix is about 39.6%. Most of the women had knowledge about investigation of cancer cervix

Moorey S,et al.,(2000) conducted study on This study compared the effectiveness of two psychological treatments in a group of 57 patients with various types of cancer attending the Royal Marsden Hospital. Patients referred for psychiatric assessment who met criteria for an abnormal adjustment reaction were randomly allocated to either 8 weeks of Adjuvant Psychological Therapy (APT), a problem-focused, cognitive behaviour treatment programme, or

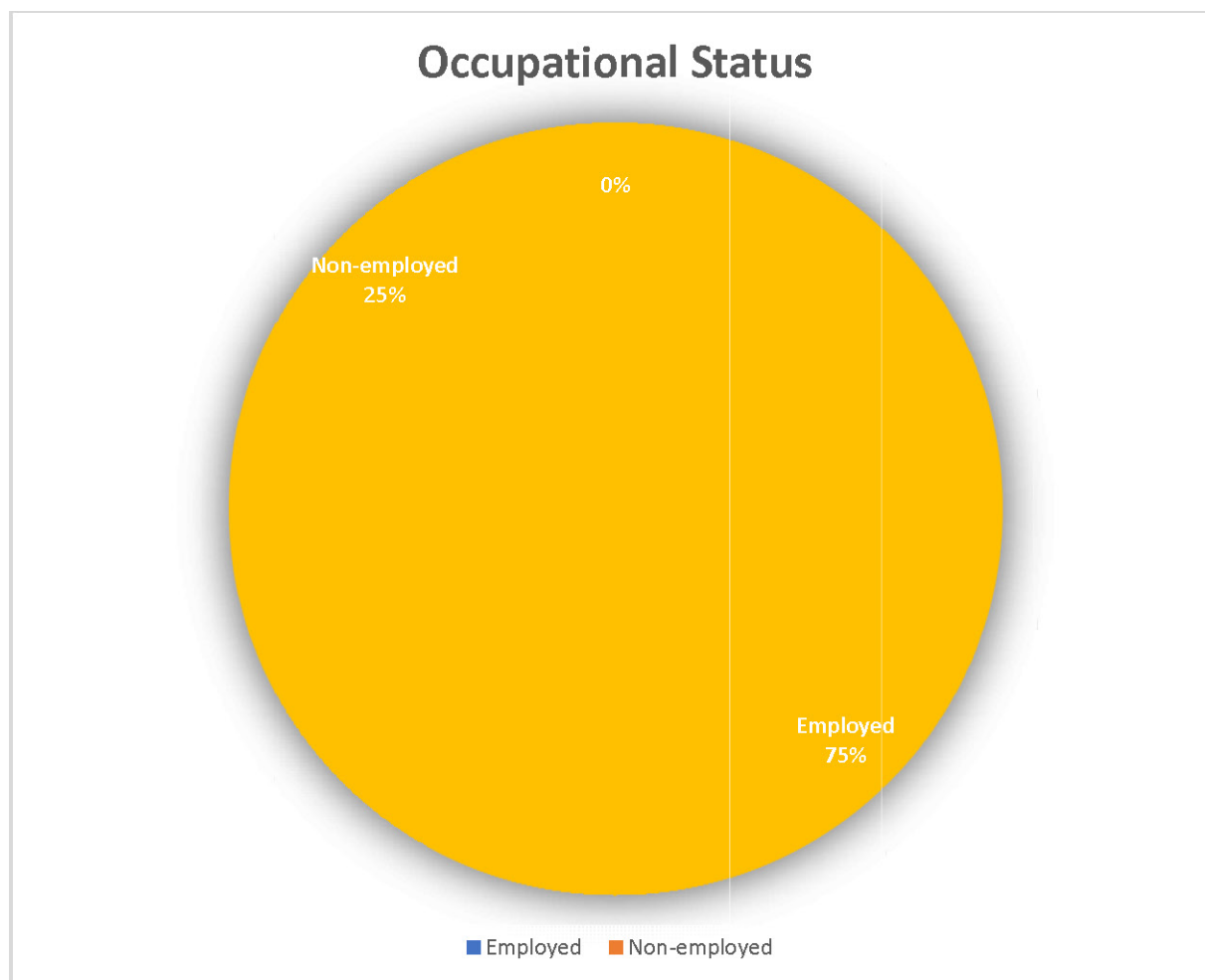


Fig 6 : PERCENTAGE DISTRUBUTION OF THE OCCUPATIONAL STATUS



Fig 7 : PERCENTAGE DISTRIBUTION OF THE ECONOMIC STATUS

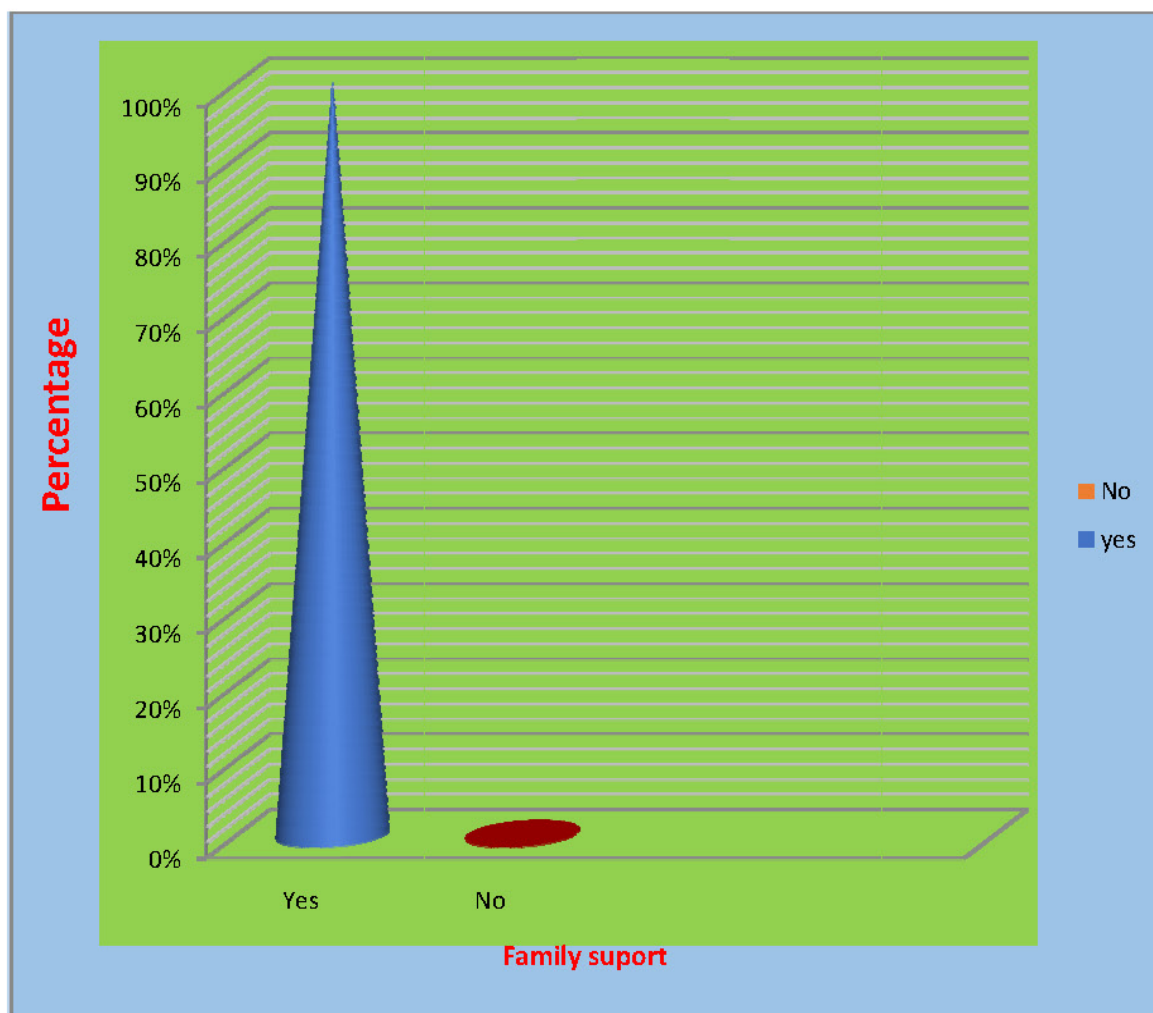


FIG 8: PERCENTAGE DISTRIBUTION OF THE AVAILABILITY OF THE FAMILY SUPPORT

SECTION – B

DISCRIPTION OF CLINICAL VARIABLES OF THE CANCER PATIENTS

Table : 2- Frequency and percentage of distribution of clinical variables of Cancer patients.

S. NO	CLINICAL VARIABLES	NO	%
1	Duration of illness. a) Less than one year b) 1-3 years c) More than 3 years	5 17 18	12.50 42.50 45.00
2	Stages of cancer a) Stage 1 b) Stage 2	17 23	42.50 57.50
3	System involved a) Sensory b) Reproductive c) Gastro intestinal d) Respiratory e) Other	1 17 11 6 5	2.50 42.50 27.50 15.00 12.50
4	Mode of Treatment a) Chemotherapy b) Radiation therapy c) Other	25 10 5	62.00 25.50 12.50
5	Family History a) Yes b) No	26 14	65.00 35.00
6	Involving in any other therapy a) Diversional Therapy b) Family Therapy c) Occupational Therapy d) Other	18 10 11 1	45.00 25.00 27.50 2.50

Table 2 Shows that with regards to duration illness 18 (45.00%) had less than one year,17(42.50%) had duration of illness 2-3years and 5(12.50%) had duration of illness more than 3 years.

With respect to stages of cancer, majority of participants 23(57.50%) affected by stage 2,17(42.50%) was affected by Stage 1.

Regarding the system involved in cancer 17(42.50%) were affected by reproductive system cancer,11(27.50%) to the education 14(35.00%) were affected by gastro intestinal ,6(15.00%) were affected by respiratory cancer,5(12.50%) were affected by other cancer and 1(2.500 were affected by sensory cancer.

In the view of mode of treatment 25(62.00%) were receiving by chemotherapy, 10(25.50%) were receiving by radio therapy and 5(12.50%) receiving other treatment modalities.

Considering the reason for family history 26(65.00%) were having a family history of cancer , 14 (35.00%) were not having a family history of cancer.

With regard to involving any other therapy 18(45.00%) had diversional therapy, 11(27.50% had occupational therapy ,10(25.00%) had family therapy and 1(2.50%) other therapy.

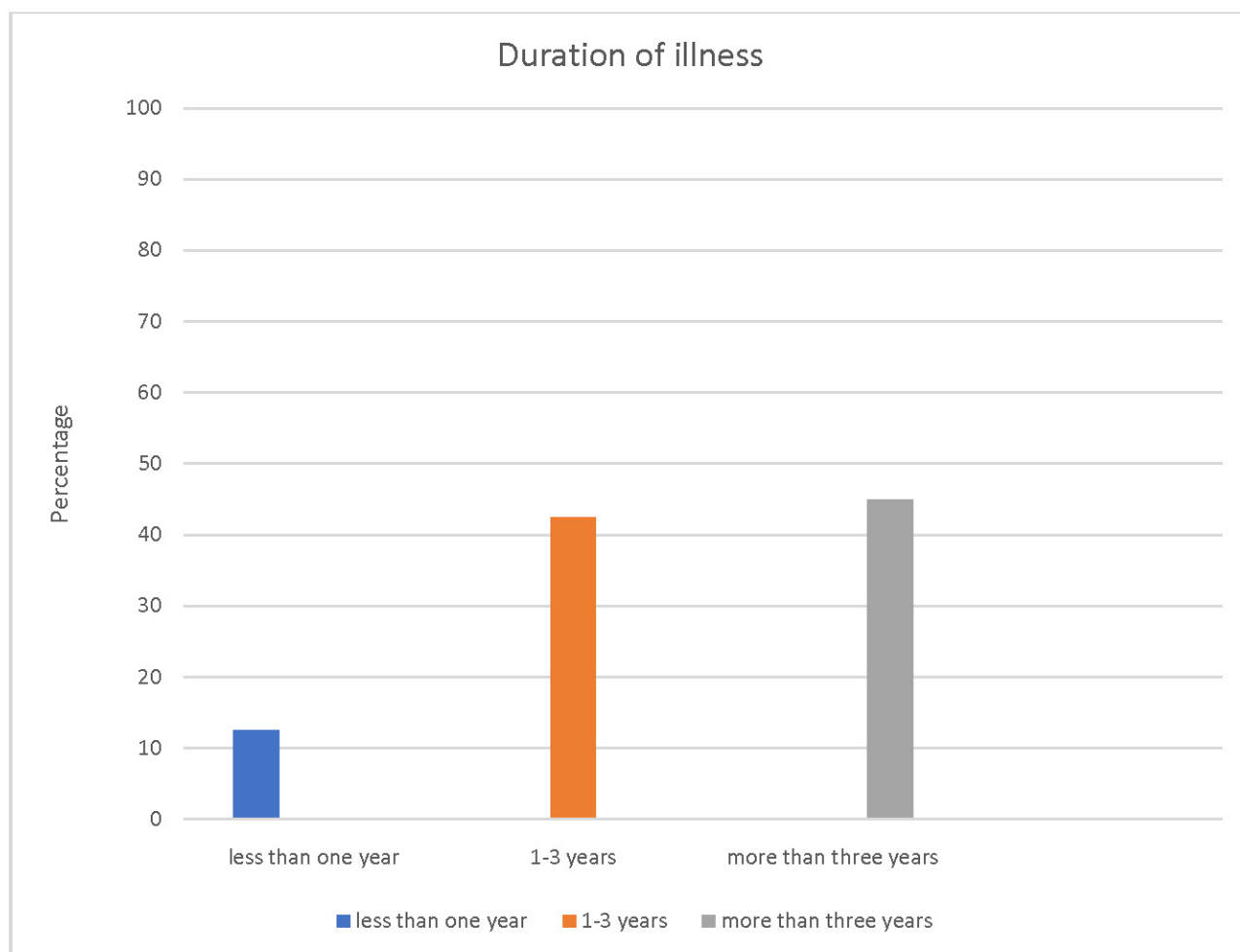


Fig 9 .Percentage Distribution of illness

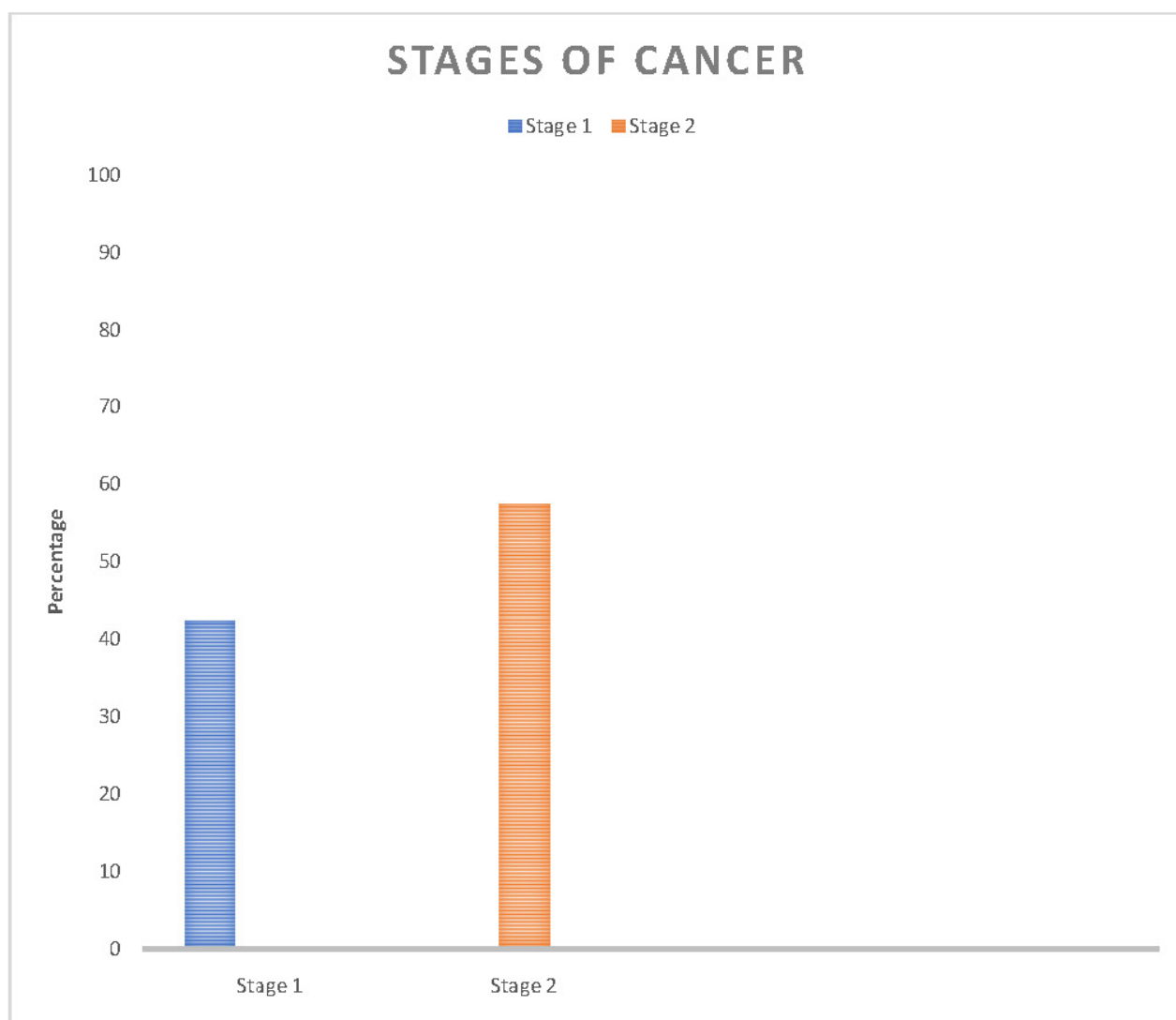


Fig 10. Percentage Distribution of the stages of cancer

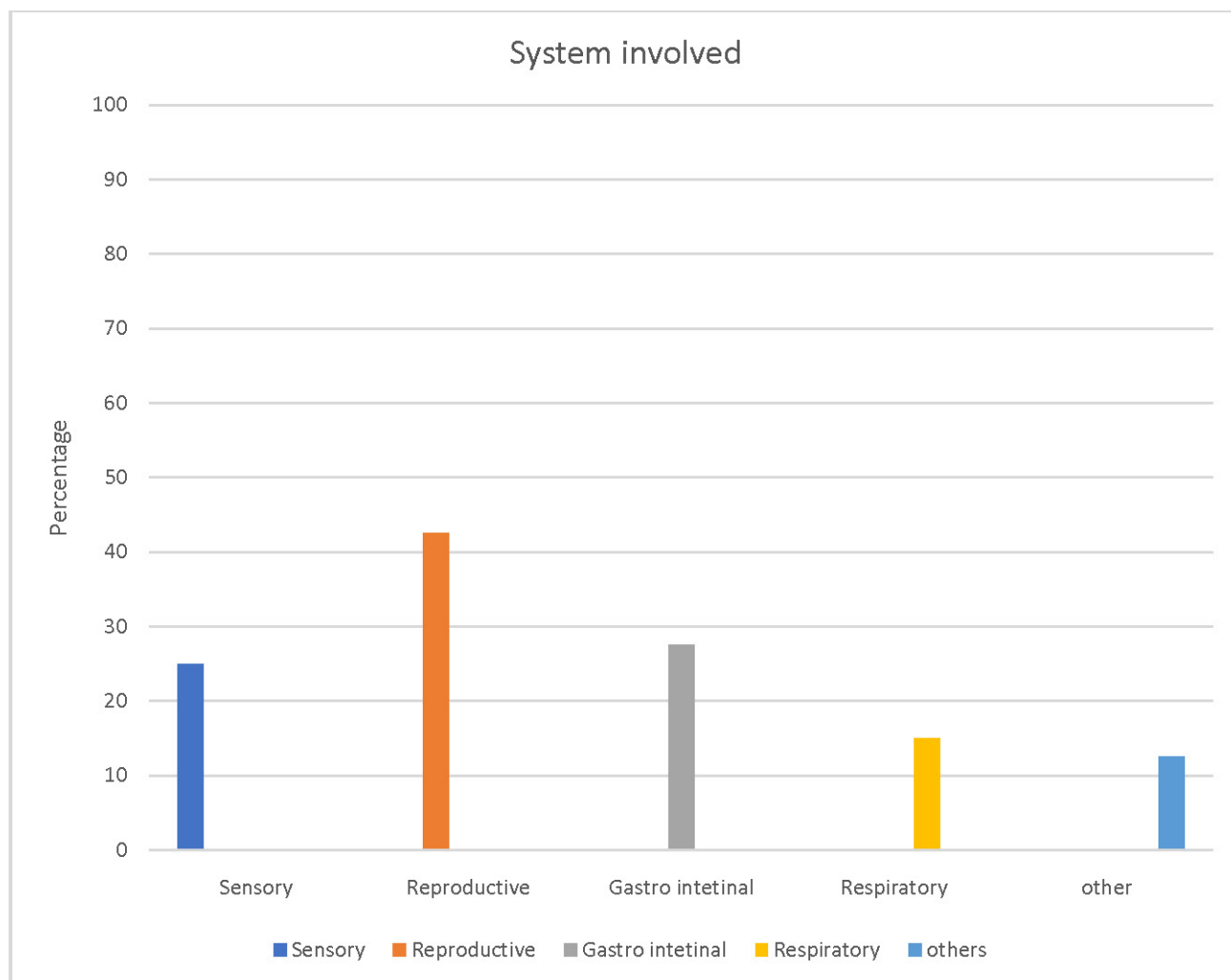


Fig 11. Percentage Distribution of the system involved

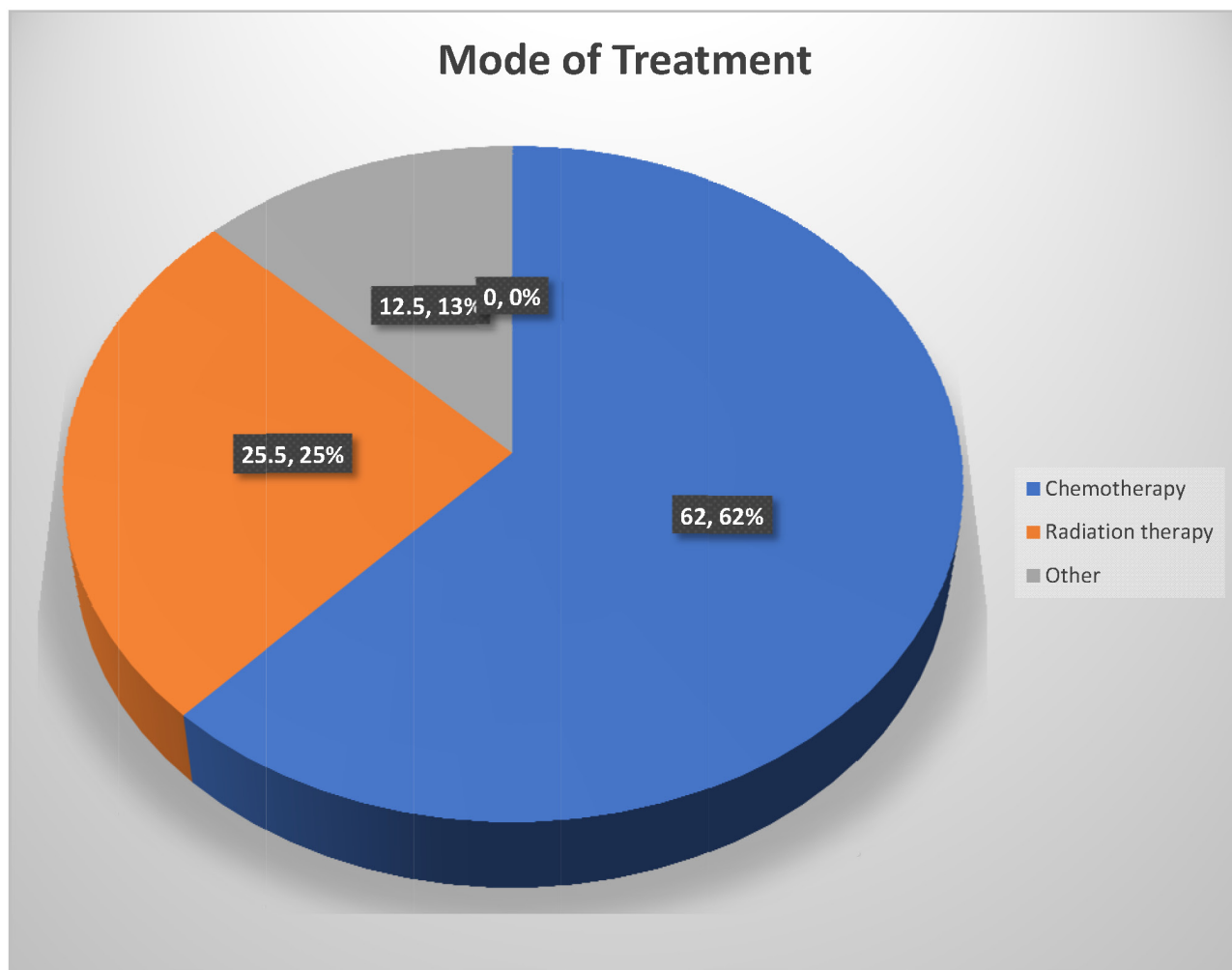


Fig 12. Percentage Distribution of the mode of treatment

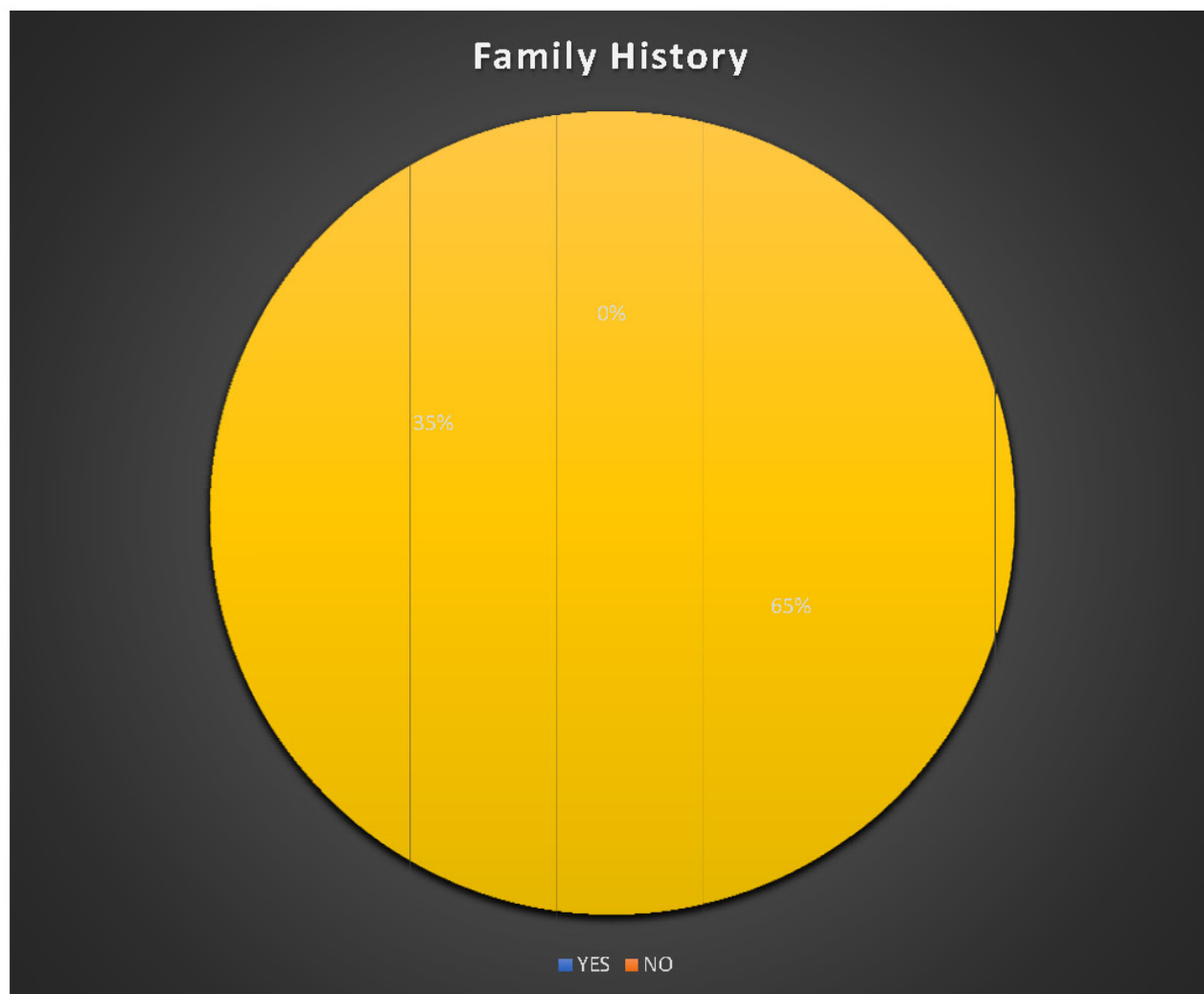


Fig 13. Percentage Distribution of the family history

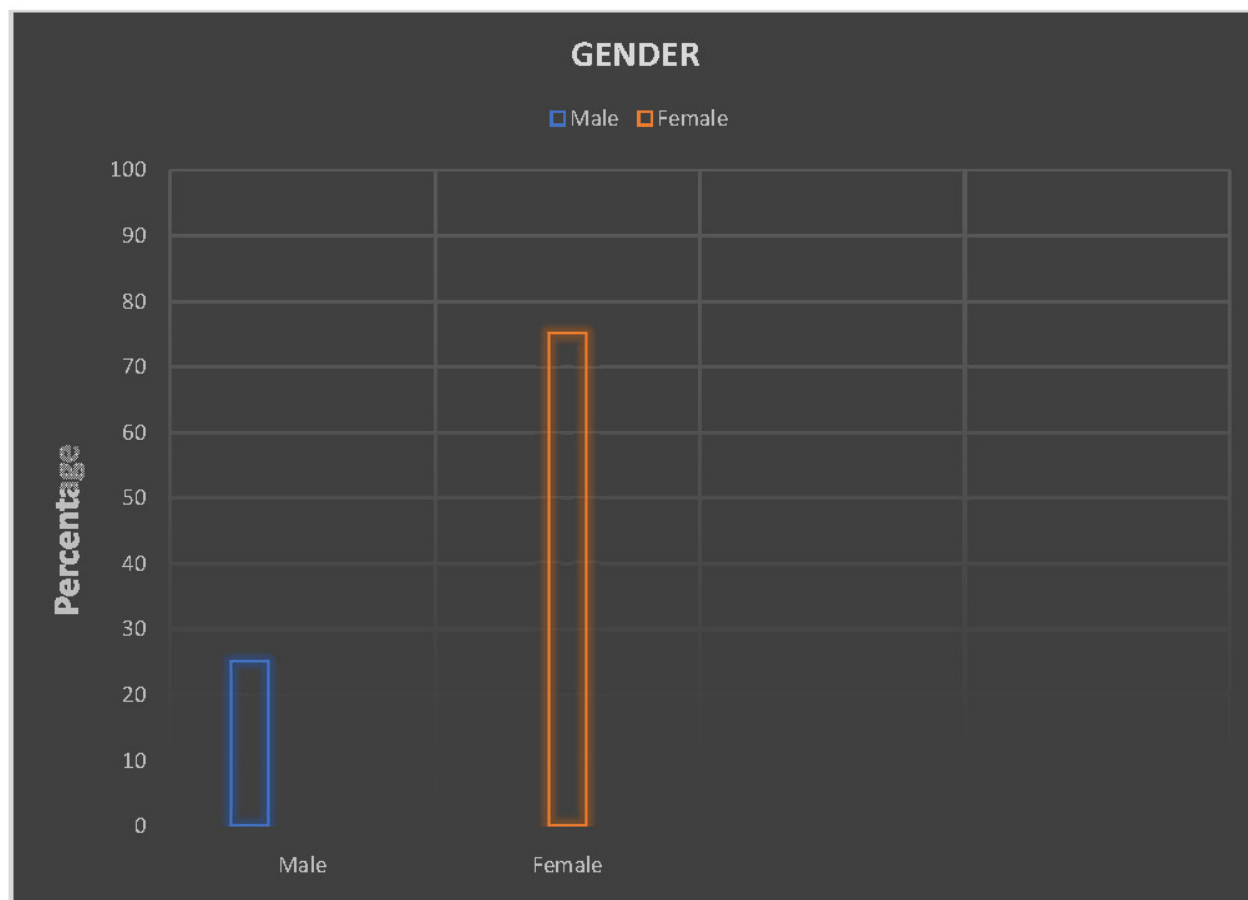


Fig 4 : PERCENTAGE DISTRIBUTION OF THE SEX

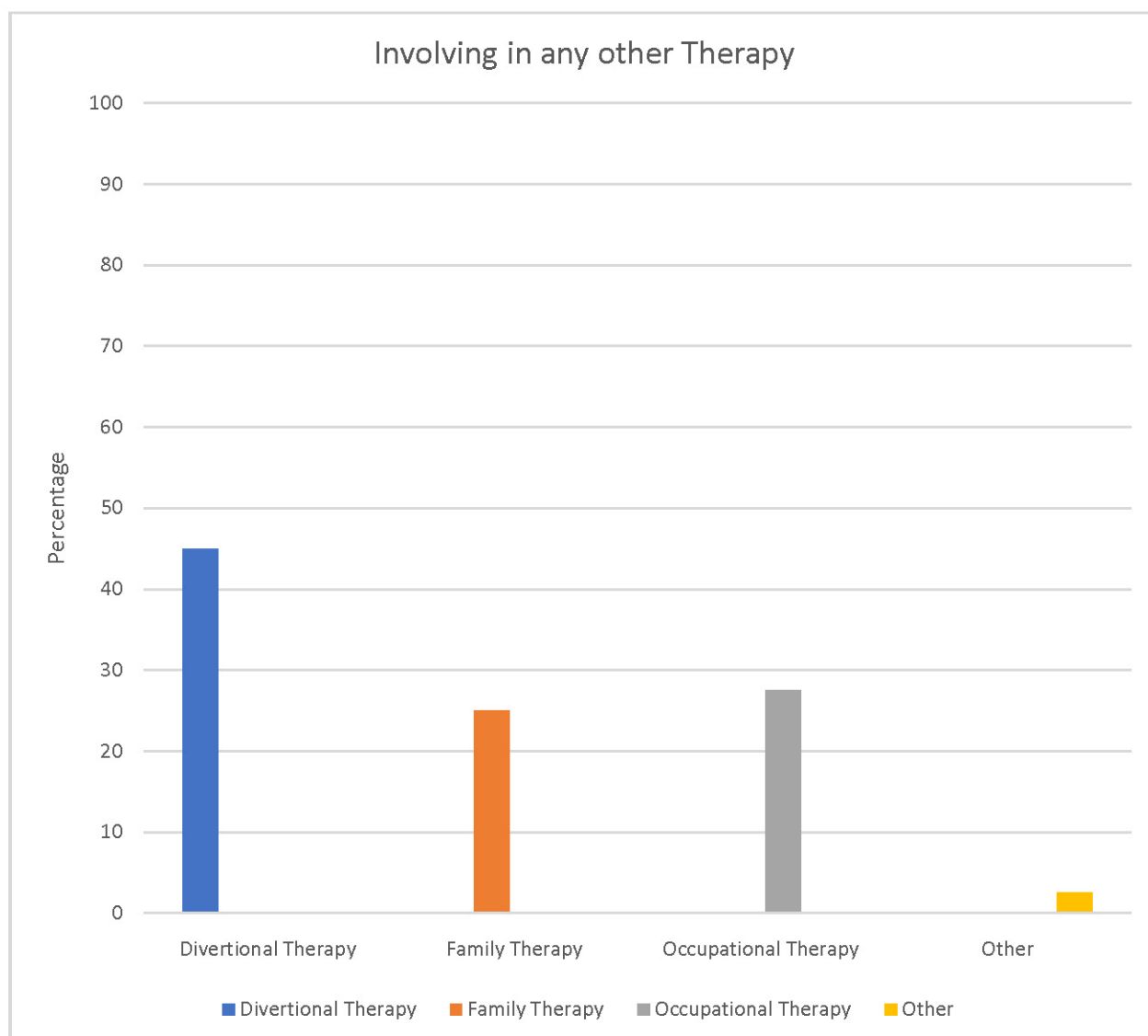


Fig 14. Percentage Distribution of the patient involved in any other therapy

SECTION :C

Assessment of Pre test and post test level of depression among patients with cancer.

Table 3

Frequency and percentagedistributionPre test and post test level of depression level among patients with cancer.

N=40

LEVEL OF DEPRESSION	MILD DEPRESSION 51-60		MODERATE DEPRESSION 61-70	
	NO	%	NO	%
PRE TEST	3	7.5	37	92.5
POST TEST	5	12.5	35	87.5

The Above table 3 shows that in the pre test ,majority of cancer patient with 37(92.5%) had moderate level of depression and only 3(7.5%) had mild level of depression.

In the Post test , majority of the cancer patient 35(87.5%) had moderate level of depression and 5(12.5%) had mild level of depression.

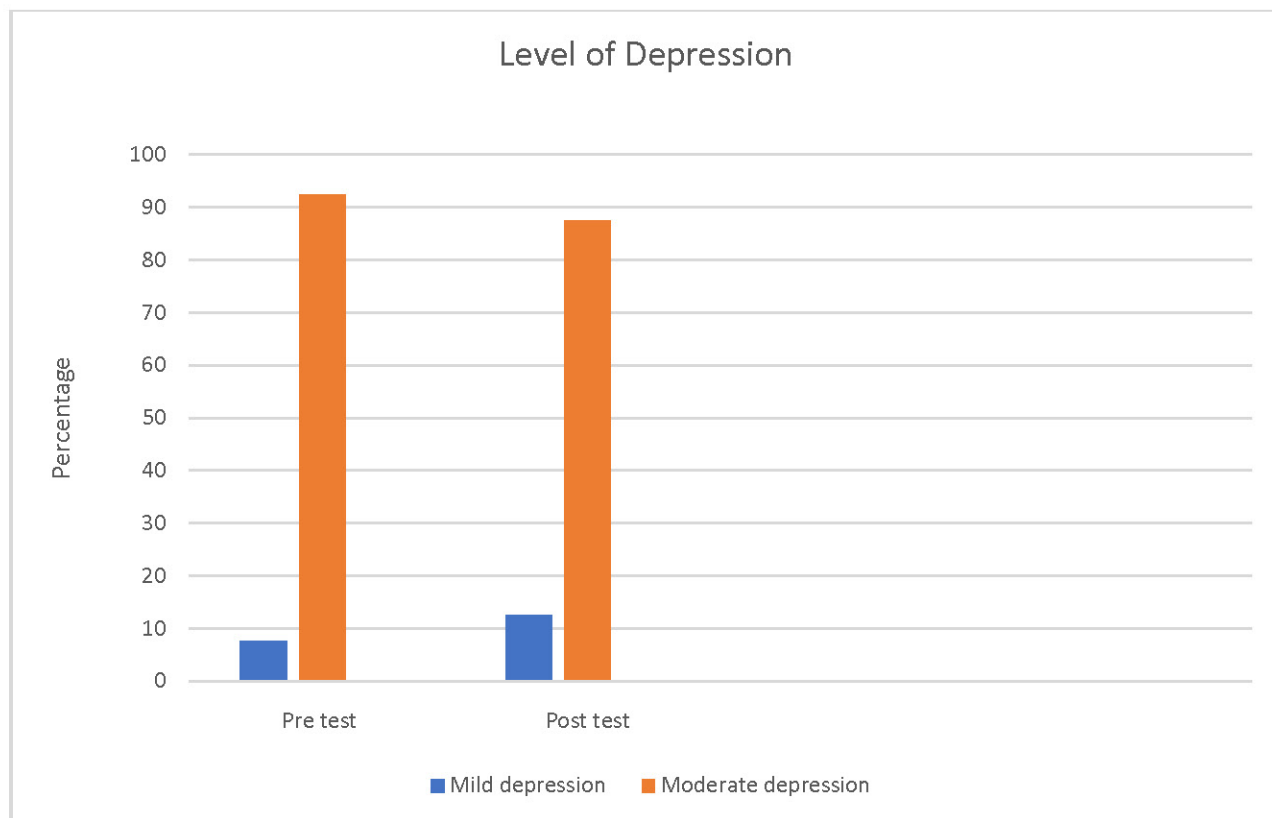


Fig 15. Frequency and Percentage Distribution of the pre and post test level of depression among cancer patients

SECTION: D

Effectiveness of counselling on the level of depression among the patients with cancer.

TABLE 4

pretest and post test mean level of depression among patients with cancer.

N=40

Level of depression	Mean	SD	'T' VALUE
Pre test	55.14	5.60	t= 21.588
Post test	22.93	2.84	p<0.05

Significant $P < 0.05$

The above table 4 despites shows the effectiveness of counselling on level of depression among patients with cancer. In the pre test mean level of depression 55.14 with SD 5.60 and the post test mean level of depression was 22.93 with SD 2.84. The calculate t=value 21.588 at $p < 0.05$ level, which clearly shows that there is significant difference in the level of depression among cancer patients after counseling session .Thus the hypothesis H_1 was accepted.

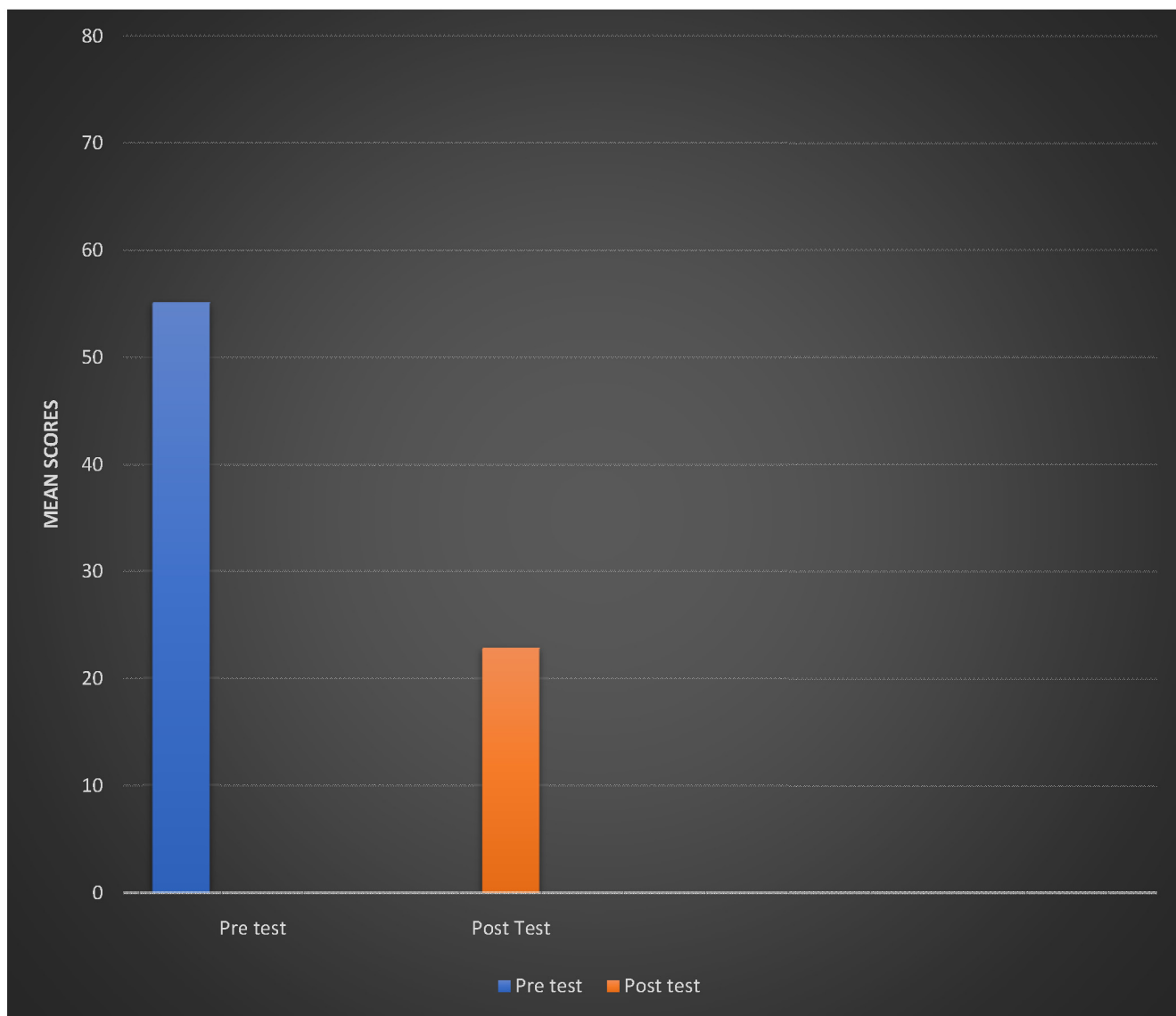


Fig 16. comparison of pre test and post test mean level of depression among cancer patient

SECTION:E

Associate of post test level of depression among patients with cancer.

TABLE 5

Associate of post test level of depression among patients with cancer selected demographic variables.

N=40

S.NO	Demographic variable	Mild		Moderate		Chi-square value
		NO	%	NO	%	
1	Age in years					$X^2=6.171$ $df=3$ $p=0.0104$ S
	a) 25-35	2	5.0	8	20.00	
	b) 36-45	0	0	15	37.5	
	c) 46-55	2	2.5	3	7.5	
	d) Above 56	1	5.0	9	22.5	
2	Gender					$X^2=0.076$ $df=1$ $P=00.783$ NS
	a) Male	1	2.5	9	22.5	
	b) Female	4	10.00	26	65.0	
3	Educational Status					$X^2=5.27$ $df=3$ $p=0.163$ S
	1. Illiterate	0	0	3	7.5	
	2. schooling	3	7.5	7	17.5	
	3. Under graduate	2	5.0	12	30.0	
	4. other diploma	0	0	13	32.5	
4	Occupational Status					$X^2=0.016$ $df=1$ $p=0.783$ NS
	a) Employ	4	2.5	26	65.0	
	b) Non employ	1	10.00	9	22.5	

5	Economical Status					$X^2=0.312$ df=2 p=0.856 NS
	a) 5000-10000	2	5.0	14	35.0	
	b) 10001-15000	3	7.5	19	47.5	
	c) 15001-20000					
	d) Above 20000	0	0	2	5.0	
6	Mode of fess payment					$X^2=1.184$ df=1 p=0.277 NS
	c) Self	1	2.5	16	400	
	d) insurance	4	10.0	19	475	
7	Availability of family support					
	a) YES	5	12.5	35	87.5	-
	b) NO	-				

NS-not significant.

S-significant

Table 5 shows that the age and educational status had statistically significant associated with the post test level depression among patients with cancer. Hence the Hypothesis H_2 was accepted.

TABLE 6:

Associate of post test level of depression among patients with cancer with selected Clinical variables.

N=40

S.NO	Clinical variable	Mild		Moderate		Chi-square value
		NO	%	NO	%	
1	Duration of illness. d) Less than one year e) 2-3 years f) More than 3 years	0 4 1	0 10.0 2.5	5 14 16	12.5 35.00 40.00	$X^2=2.951$ d.f=2 p=0.277 NS
2	Stage of a) Stage 1 b) Stage 2	1 4	2.5 10.00	16 19	40.00 47.5	$X^2=1.184$ df=1 p=0.277 NS
3	System involved f) Sensory g) Reproductive h) Gastro intestinal i) Respiratory j) Other	0 0 2 1 2	0 0 5.0 2.5 5.0	1 17 9 5 3	2.5 42.5 22.5 12.5 7.5	$X^2=6.04$ df=4 p=0.168 NS
4	Mode of Treatment d) Chemotherapy e) Radiation therapy f) Other	20 0 5	50.00 0 12.5	5 0 0	12.5 2.50 0	$X^2=3.42$ df=2 p=0.180 NS
7	Availability of family support c) YES d) NO	5 -	10.00 2.5	22 13	55.00 32.5	$X^2=0.565$ df=1 p=0.452 NS

6	Involving any other therapy					
	e) Diversional Therapy					
	f) Family Therapy	2	5.0	16	40.00	$X^2=0.565$ df=3 p=0.909 NS
	g) Occupational Therapy	1	2.5	9	22.5	
	h) Other	2	5.0	9	22.5	
		0	0	1	22.5	

Table 6 shows that the none of the Clinic variables had statistically significant associated with the post test level depression among patients with cancer. hence the Hypothesis H_3 was rejected.

DISCUSSION



8 weeks of comparison treatment of supportive counselling. At 8 weeks from the baseline assessment, APT had produced a significantly greater change than the counselling intervention on fighting spirit, helplessness, coping with cancer, anxiety, and self-defined problems. At 4 months from baseline, APT had produced a significantly greater change than counselling on fighting spirit, coping with cancer, anxiety and self defined problems. It is concluded that APT produces greater change in anxiety, adjustment to cancer and use of coping strategies than a non-directive, supportive intervention over an 8 week period of treatment This difference persists at follow up 4 months after baseline assessment

Leonard Schwartz, et al.,(2001)Depression causesmainly in stage 1 and stage 2. Depression is a common but treatable condition among cancer patient. depression can influence the patient will to live, aswellas diminish the quality and percieved meaning of life.Staging is a important because it helps your treatment team to know which treatment need.**stage 1** usually means that the cancer is relatively small and contained with in the organ. Depression will started in stage 1.dined as a mild depression. **Stage 2** usually means the cancer has nit started to spread the surrounding tissue but tumor is larger than in stage 1.In stage 2 cancer patient will have moderate depression.Stage 3 and 4, the cancer patient develop the acceptance level of the cancer and treatment.

CHAPTER – V

DISCUSSION

This chapter presents the interpretation to the statistical findings. It has been discussed based on the objectives of the study. The study was quantitative study in nature, which aimed to assess the effectiveness of counselling for depression among patients with cancer(WIA) Chennai,Adyar. The present study was conducted in cancer institute (WIA)Chennai,Adyar. The study sample size was 30. Total period of data collection was 6 weeks. The data collection procedure was explained to the subjects. After that, data was collected for 30-45 minutes.

Objective – 1

The first objective of the was to assess the pre and post test level of depression amongpatients with cancer.

In the present study researcher prepared a counselling among cancer patients. It consists of four phases they are Pre- Interaction, Introductory, The working and Termination.

Pre-Interaction phase includes establishment of trusting relationship, assess the level of depression,and readiness to change by using standardized scale(zung self rating depression scale) providing education on the effects of depression by using the illustration published by WHO and express concerns towards the subjects and keep open door to change the level of depression among samples. At the end of session problems are identified, and plans were made for modification.

The working phase is second session of counseling, which mainly speaks about the implementation of planning. The working phase includes clarify the client's own goals and strategies for change, offer a list of options for change, offer help the client to enlist family members and other's support, explore counselling expectancies and the client's role, reinforce the importance of remaining in counselling and treatment, acknowledge difficulties experienced by the client in early stages of change, help the client to identify high-risk situations and develop strategies to overcome them, orient the client in finding new reinforces of positive change. At the end of the session fixed the data and time for next visit.

The Termination phase is fourth as well as last session of counselling. In the termination phase, the researcher did the following things, they includes helped client to identify methods of enjoyment, supported lifestyle changes, affirmed the client to resolve his efforts, and helped the client to practice and use new coping strategies. After this session there is a one more session to assess the post – test level of depression among the samples, it used to plan in Termination phase and finalized about date and time.

This study was supported to **Barsevick. AM, Sweeney C, (2002)** conducted study on a systematic qualitative analysis of psycho educational interventions for depression in patients with cancer, From reports,36 pieces of evidence supported the conclusion that psychoedncational interventions benefit depressive symptoms. Evidence included two well conducted meta-analyses and nine well designed randomized clinical trials with large samples (N>100), 58% of studies that tested behavior therapy or counselling in combination with cancer education had positive results. The evidences supported that psycho educational interventions reduce depressive symptoms in patients with cancer and behavior therapy or counseling or in combination with cancer education is beneficial.

This study was supported to **Nippon Rinsho (2001)** conducted study on the depression in cancer patients. The study reviewed diagnosis, treatment and palliative care issues as well as epidemiology and etiology of major depression in cancer patients. The prevalence of major depression in cancer patients was reported to range from 6 to 42% To avoid under –diagnosing depression in cancer patient, it should include not only psychological symptoms, but also physical symptoms. Treatment includes patients education, counseling, behavioural techniques and antidepressant medications.

This study was supported to **Gan To Kagaku ryoho. (2002)** conducted study on the Management of psychiatric symptoms in cancer patients. Depression in cancer patients is common and occurs throughout the course of cancer illness. The prevalence of major depression in cancer patients was reported to range from 6 to 42%. This reflects various cancer-related variables such as pain and low performance status as well as risks for major depression. To avoid under-diagnosing depression in cancer patients, examinations should include not only psychological symptoms, but also physical symptoms. Treatment includes patient education, counseling, behavioral techniques and antidepressant medication.

Objective -2

The second objective of the study was to evaluate the effectiveness of counselling on depression among patients with cancer.

The comparison of effectiveness of counselling on level of depression among cancer patients. In the pre test mean level of depression 55.14 with SD 5.60 and the post test means level of depression 22.93 with SD 2.84. The calculate t=value 21.588 at $p < 0.05$ level, which clearly shows that there is significant different in the level of depression among patients with cancer after counselling session .Thus the hypothesis H_1 was accepted.

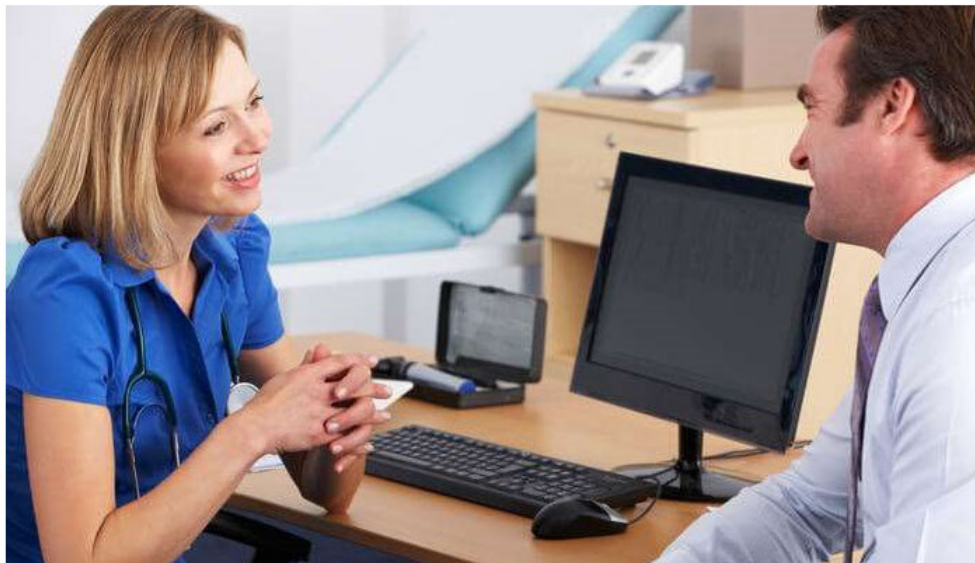
Davison JW, Karg RS, (1999) The authors evaluated hereditary breast cancer (BC) is heterogeneous to the extent that no two high-risk patients can be considered as being the same. These individual differences are magnified further when patients' emotional response to all facets of hereditary BC are considered, particularly issues surrounding gene testing. A series of case histories have been provided that illustrate the wide range of attitudes, feelings, and emotional responses explained by patients when learning of their hereditary cancer risk status. The role of the oncology nurse- genetic counselor has been described in each of these family reports the study reveals that there is a significant difference between the mean pretest and mean post test level of depression among samples.

Objective – 3

A third objective of this study was to association between the post-test level of depression with selected demographical variables and clinical variables among patients with cancer.

Table 5 shows that the age and educational had statistically significant associated with the post test level depression among patients with cancer. hence the Hypothesis H_2 Was accepted and H_3 was rejected.

SUMMARY FINDINGS IMPLICATIONS RECOMMENDATIONS & CONCLUDING



CHAPTER – VI

SUMMARY, FINDINGS, IMPLICATIONS, RECOMMENDATION AND CONCLUDING

This chapter deals about the summary, findings, implication recommendations and conclusion of the study.

SUMMARY OF THE STUDY

The main objective of the study

- 1.To assess the pre and post test level of depression among patients with cancer.
2. To evaluate the effectiveness of counseling on depression among patients with cancer
3. To associate the post test level of depression with selected demographic and clinical variables among patients with cancer.

The research used in this study was pre experimental one group pre and post test research design.The conceptual framework was adopted Ernestine widenbach's helping art clinical nursing theory 1964.Review of literature and studies from both primary and secondary sources was done to support the selected study problem,designed methodology,formulated conceptual frame work and selected tool for data collection.

The data was collected within the period of four weeks at cancer institute(WIA) Chennai,Adyar. The researcher had taken written permission form the Chennai cancer institute for conducting the study. After obtaining the written permission patients with cancer were selected for the study. The purpose of the study was explained to the samples clearly and a rapport was maintained with them. The written consent was taken from samples, approximately 7 to 8 samples were taken for counseling from 9.00am to 1.00 pm daily.

In the first session it was the pre-interaction and introductory phase in which rapport was maintained. Each sample was counseled for a period of 30 minutes. Individually and their personal experiences and general health was considered while conducting the session. The samples were taken for a second session after seven days in which the feelings of the patient were explored. Again the working phase was conducted after one week in which the researcher helped the patient to develop a positive strategy towards the disease. During the fourth session the client's feelings and practices of individual coping was assessed. It resulted in the termination of the relationship. On fourth session the level of depression was re-assessed by using the Zung self rating depression scale data analysis was done by using descriptive and inferential statistical methods .

Data Analysis of the data revealed that the practice of counselling reduced the level of depression among cancer patients showing a statistically significant difference in the level of $P < 0.006$. Hence the study supported the research hypothesis . There was no association between the demographic variable and clinical variables of the patients.

THE FINDING OF THE STUDY WERE

Demographical proforma of variable cancer patients

Table 1 Shows that majority of the participants 15 (37.50%) were between 36-45 years and 10(25.00%) belongs to 25-35 years, least 5(12.50%) were between 46-55years.

With respect to gender, majority of participants 30(5.00%) were female and rest of the 10(25.00%) were male.

With regard to the education 14(35.00%) were under graduate and 13(32.50%) Had other diploma education,10(25.00 %) had schooling ,3(7.50%) were illiterate.

Regarding occupation 30(75.00%) participants were employees and 10(25.00%) non employee.

Concerning the economics status 22(55.00%) were earning 10,000 to 15,000, 16(40.00%) were earning 5,000 to 10,000 , 2(5.00%) were earning above 20,000.

In the view of considering the mode of fees payment 23(57.50%) were paid by insurance , 17 (42.50%) were paid by self.

In the view of availability of family support 40(100%) were supported by the family members

Table 2 Shows that with regards to duration illness 18 (45.00%) had less than one year, 17(42.50%) had duration of illness 2-3 years and 5(12.50%) had duration of illness more than 3 years.

With respect to stages of cancer, majority of participants 23(57.50%) affected by stage 2, 17(42.50%) was affected by Stage 1.

Table 3 shows that in the pre test, majority of cancer patient with 37(92.5%) had moderate level of depression and only 3(7.5%) had mild level of depression. In the Post test, majority of the cancer patient 35(87.5%) had moderate level of depression and 5(12.5%) had mild level of depression.

Table 4 despite the comparison of effectiveness of counselling on level of depression among cancer patients. In the pre test mean level of depression 55.14 with SD 5.60 and the post test means level of depression 22.93 with SD 2.84. The calculate t-value 21.588 at $p < 0.005$ level, which clearly shows that there is significant difference in the level of depression among cancer patients after counselling session. Thus the hypothesis H_1 was accepted.

Table 5 shows that none of the demographic variables had statistically significant association with the post test level depression among cancer patient. Hence the Hypothesis H_2 was rejected.

NURSING IMPLICATIONS

The findings of the study have implication in various areas of nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

The role of a nurse is multifaceted she is not only to give care to the patient but she acts as a counselor, leader and as an advocate to the patient. Cancer is a devastating disease and depression is one of the concerns that many cancer patients may experience and nurse can be a counselor.

Nursing Education

The counseling can be included in the various level of education programme like diploma, baccalaureate, and master level of psychiatric nursing specialization.

Nursing Administration

The findings of the study can be utilized as an educative tool to prepare the nurses who are working in the cancer units, palliative care settings, hospital, and community center. The nursing administrator should arrange in-service education programme and continuing education on the counseling to improve the knowledge and skill.

Nursing Research

The study findings can be utilized for conducting further research on the motivational counseling towards management of depression. It can be done in the different setting such as hospital and community center.

RECOMMENDATION FOR FURTHER STUDY.

- A similar study can be conducted in large groups.
- Supportive counseling for the family may be under taken to help the patients and family to adapt to coping strategies.
- Counseling can be done among alcoholics & drug abusers.
- The study can be carried out among the patient with other mental disorder and general illness.

CONCLUSION

The presence study assess the effectiveness of counselling on depression among patients with cancer. The result shows 92.50% had moderate depression and 7.5% had mild level of depression in pre test was reduced to 87.5% moderate depression and 12.50% level of mild depression in the post test. Hence the study concludes that the counselling had significant effect and reduce the level of depression among cancer patients.

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APPENDIX

APPENDIX – 1
PART – 1
EVALUATION CRITERIA CHECKLIST
TOOL – I: DEMOGRAPHIC DATA

Instruction:

You requested to put tick () over appropriate options. The information will be kept confidential.

Sample No: _____

Age in years

- a) 25 to 35
- b) 36 to 45
- c) 46 to 55
- d) Above 56

Gender

- a) Male
- b) Female

Education

- a) Illiterate
- b) schooling
- c) Under graduate
- d) other diploma

Occupational status

- a) Employ
- b) Non employ

Economic status.

- a) 5000-10000
- b) 10001-15000
- c) 15001-20000
- d) Above 2000

Mode of fess payment

- a) Self
- b) Insurance

Availability of family support

- a) Yes (if yes specify)
- b) No

TOOL – 2: CLINICAL DATA

Instruction

You requested to put tick () over appropriate options. The information will be kept confidential.

Sample No: _____

Duration of illness.

- a) Less than one year
- b) 2-3 years
- c) More than 3 years

Stages of cancer

- a) Stage 1
- b) Stage 2

System involved

- a) Sensory
- b) Reproductive
- c) Gastro intestinal
- d) Respiratory
- e) Other

Mode of Treatment

- a) Chemotherapy
- b) Radiation therapy
- c) Other

Family History

- a) Yes
- b) No

Involving any other therapy

- a) Diversional Therapy
- b) Family Therapy
- c) Occupational Therapy
- d) Other

கருவி- 1
தேவையானதகவல்கள்

குறிப்பு :

ஒவ்வொருவினாவையும் கவனமாகப்படித்து.

ஒவ்வொருவினாவிற்கும்தகுந்தவிடையைஅளிக்கவும்.

உங்களின்சரியானவிடையைதேர்ந்தெடுத்துஅதற்குநேராக () இடவும்.

அனைத்துவினாவிற்கும்பதிலளிக்கவும்.

நீங்கள்கொடுக்கும்தகவல்கள்நம்பிக்கைக்குரியதாககருதப்பட்டுஇந்தகல்விஉப
யோகத்திற்குமட்டும்பயன்படுத்தப்படும்.

(1)வயதுவருடங்களில்

(அ) 25 – 35

☐

(ஆ) 36 – 45

☐

(இ) 46 – 55

☐

(ஈ) 56 – 65

☐

(2) பாலினம்

(அ) ஆண்

☐

(ஆ) பெண்

☐

(3) கல்விதகுதி

- (அ) படிக்காதவர் ☐
- (ஆ) முதல்நிலைப்பள்ளி ☐
- (இ) உயர்நிலைப்பள்ளி ☐
- (ஈ) உயர்நிலைப்பள்ளிபட்டதாரி (இணைநிலைகல்வி) ☐

(4) நோய்வாய்ப்பட்டிற்க்கும்காலம்

- (அ) 6 மாதம் ☐
- (ஆ) 7 – 12 மாதம் ☐
- (இ) 13 – 24 மாதம் ☐
- (ஈ) 25 – 36 மாதம் ☐

(5) நோய்கண்டறிதல்

(6) புற்றுநோயின்நிலைகள்

- (அ) நிலைI ☐
- (ஆ) நிலைII ☐
- (இ) நிலைIII ☐
- (ஈ) நிலை IV ☐

(7) சிகிச்சைஅளிக்கும்முறை

- (அ) ஹீமோதோர்பி ☐
- (ஆ) கதிர்விச்சு ☐
- (இ) அறுவைசிகிச்சை ☐
- (ஈ) அனைத்தும் ☐

(8) குடும்பநபரின்ஆறுதல்இருக்கிறதா

- (அ) ஆம் ☐
- (ஆ) இல்லை ☐

FINAL TOOL
Tool – 2 – Zung Self Rating Depression Scale

Please read each statement and decide how much of the time the statement
Describes how you have been feeling during the past several days

S.No	Question	A little of the time	Some of the time	Good part of the time	Most of the time
1	I feel down hearted and blue				



CHAPTER – III

METHODOLOGY

RESEARCH APPROACH

The research approach Chosen for this study quantitative approach.

2	Morning is when I feel the best				
	I have crying spells or feel like it				
4	I have trouble sleeping at night				
5	I eat as much as I used to				
6	I still enjoy sex				
7	I notice that I am losing weight				
8	I have trouble with constipation				
9	My heart beats faster than usual				
10	I get tired for no reason				
11	My mind is as clear as it used to be				
2	I find it easy to do the things I used to				

13	I am restless and can't keep still				
14	I feel hopeful about the future				
15	I am more irritable than usual				
16	I find it easy to make decisions				
17	I feel that I am useful and needed				
18	My life is pretty full				
19	I feel that others would be better off				
20	If I were dead				
Total Score					

SCORE INTERPRETATION

- 1.The total score 80.
- 2.The Score between < 50 is considered as Normal.
- 3.51- 60 indicate mild depression.
- 4.61 – 70 indicate moderate depression and > 70 indicate severe depression.

The criteria prepared and each criteria consists of 1 – 4 response columns and rating as (1) a little of the time, (2) some of the time, (3) good part of the time, (4) Most of the time, Ten items are Positive questions and Ten are Negative questions. According to the self report and response form the samples scoring was done.

கருவி- 2

ஒங்க்செல்ப்ரோட்டிங்டிப்ரஷன்ஸ்கேல்

குறிப்பு

ஒவ்வொருவினாவையும் கவனமாகப் படித்து.

ஒவ்வொருவினாவிற்கும் தகுந்த விடையை அளிக்கவும்.

உங்களின் சரியான விடையை தேர்ந்தெடுத்து அதற்கு நேராக () இடவும்.

அனைத்து வினாவிற்கும் பதிலளிக்கவும்.

நீங்கள்கொடுக்கும் தகவல்கள் நம்பிக்கைக்குரியதாகக் கருதப்பட்டு இந்த கல்வி உபயோகத்திற்கு மட்டும் பயன்படுத்தப்படும்.

சரியான விடையை தேர்ந்தெடுத்து அதற்கு நேராக () இடவும்	மிக குறைவான நேரம்	சில நேரம்	நேரத்தின் நடுப்பகுதி	அதிக நேரம்
1, மனம் நொந்து ஒன்றும் இல்லாதது போல் நினைக்கிறீர்களா?				
2, கால நேரங்களில் மனம்கிழ்ச்சியாக உணர்கிறீர்களா?				
3, நீங்கள் கண்ணிரோடு அழுவீர்களா? (அ) அது போல் உணவிருக்கா?				
4, இரவில்தூங்கும் போது ஏதேனும் பிரச்சனை உண்டா?				
5, முன்பு போல நிறைய சாப்பிடுவீர்களா?				
6, நீங்கள் எப்போதும் உடலுறவில் மகிழ்ச்சியாக உள்ளீர்களா?				
7, நீங்கள் உங்கள் எடை குறைவதை அறிந்து உள்ளீர்களா?				
8, மலச்சிக்கல் பிரச்சினை உள்ளதா?				

9,வழக்கத்திற்குமாறாகதங்களதுஇதயதுடிப்புஅதிவேகமாகஉள்ளது?				
10,நீங்கள்காரணம்இல்லாமல்சோர்வுஅடைகிறீர்களா?				
11,உங்கள்மனநிலைமுன்பைதெளிவாகஉள்ளதா?				
12,முன்புபோலஎல்லாகாரியங்களும்எளிதாகஉள்ளதா?				
13 நீங்கள்எப்போதாவதுஅமைதியில்லாமல்இருப்பதுபோலஉணர்விருக்கிறீர்களா?				
14,உங்களுக்குஎதிர்காலம்நம்பிக்கைதருவதாகஉள்ளதா?				
15,வழக்கத்திற்குமாறாகநீங்கள்அதிகமாககோபம்அடைகிறீர்களா?				
16, உங்களுக்குமுடிவுகள்எடுப்பதற்குஎளிதாகஉள்ளதா?				
17,நீங்கள்பிரயோஜனம்உள்ளவர்களாகவும்தேவையுள்ளவர்களாகவும்கொண்டிருக்கிறீர்களா?				
18, உங்களதுவாழ்க்கைமீதுமிகுந்தஅழுத்தம்உள்ளதா?				
19,நீங்கள்இறந்தால்மற்றவர்கள்சந்தோஸ்படுவார்களா?				
20,நீங்கள்செய்கின்றகாரியங்களில்இப்பெழுதுவதைவிடமிகுந்தவாழ்க்கைஉள்ளதா?				

APPENDIX – II
PLANNED COUNSELING FOR OVERCOME DEPRESSION
AMONG CLIENT WITH CANCER

Name :

Sample No:

Starting time :

Ending time:

Duration:

The researcher interact with friendly manner and makes her/him comfortable to share their health and habits related to depression.

COUNSELLING SCHEDULE

DAY	SESSION	PHASE
1	1	I-PRE-INTERACTION II-INTRODUCTORY
8	2	III-WORKING PHASE
16	3	III-WORKING PHASE
24	4	IV-TERMINATION PHASE

SESSION I:

It consists of phases I and phase II (pre-interaction and introductory phase)

Goal: To establish rapport and develop trusting relationship with the patient.

The information is collected from the client's record and the client itself.

Researcher : Good morning/good afternoon

Client :

Researcher : I am II year M.Sc (N) student and doing research as part of my Requirement, I am doing a study on counseling to decrease the level of depression among patient with cancer.

Client :

Researcher : How do you feel today?

Client :

Researcher : Do you feel comfortable?

Client :

Researcher : Had your breakfast?

Client :

Researcher : What is your favorite food?

Client :

Researcher : Did you sleep properly in the last night?

Client :

Researcher : Where is you home?

Client :

Researcher : How far it from this hospital?

Client :

Researcher : How many members present in your family?

Client :

Researcher : Who is accompanying you in the hospital?

Client :

Researcher : what is your hobby?

Client :

Researcher : Do you believe in the God?

Client :

Researcher : Do you prefer to go to church/temple for prayer?

Client :

Conclusion

Thank you for your cooperation, let me conclude today's session and we will meet tomorrow and we will be seeing the different coping strategies which will help you to adjust with the disease.

COUNSELING SESSION-1		
DATE:	TIME:	REPORT:

SESSION II:

It Consists phase-III (The working phase)

Goal: To explore the feelings of the patient towards health

Researcher : Good Morning?

Client :

Researcher : Do you feel better than yesterday?

Client :

Researcher : Shall we continue with yesterdays session?

Client :

Researcher : Are you able to cope with the present treatment?

Client :

Researcher : Do you find any difficulty with present treatment?

Client :

- Researcher-I will tell you certain measures which you may practice to relieve your depression
- Client :
- Researcher: Try to sleep at regular hours (from 10 pm to 5 am)
- Eat healthy balanced diet (milk,egg,green leafy vegetables, wholegrains etc.)
- Be sure to follow your medication & treatments which your doctor has advised
- Things will look better when your treatment will start to work.
- Feel free to share your feelings with a trust close friend / family members.

Conclusion

Let us conclude today and we will meet again tomorrow.

COUNSELLING SESSION-2		
DATE:	TIME:	REPORT:

SESSION III:

It Consists phase-III (The working phase)

Goal: To help the patient to develop Positive strategies

Researcher : Good Morning?

Client :

Researcher : How are you?

Client :

Researcher : Hope that you had a nice sleep yesterday and you are feeling better today.?

Client :

RESEARCH DESIGN

The research design chosen for this study was pre-experimental one group pre and post test design. The design can be represented as,

Group	Pre test	Intervention	Post test
One group	01	X	02

KEYS

01- Pre test assessment of depression level by using Zung self rating depression scale.

X -Plan counselling for overcome depression.

02-Post test assessment of depression level by using Zung self rating depression scale.

SETTING OF THE STUDY

The study was conducted in cancer institute(wia),Chennai, Adyar.It is a cancer speciality institute. Founded by Dr.Muthulakshmi Reedy in 1954.It is a public charitable and voluntary hospital dedicated to cancer care for past 60 years.It is the Regional cancer center in Tamil Nadu consisting of a 535 bed hospital, research Division, college of oncological sciences and preventive oncology division providing state of art cancer therapy.

SAMPLE

Patients with Cancer who met the inclusion criteria were selected as the sample.

SAMPLE SIZE

40 Patients with Cancer.

Researcher : Did you practice the measures which have learned
Yesterday? So we will continue with today's session

Client :

Researcher : Motivate the client to develop positive strategies?

1. Encourage the client in his own care (personal hygiene, bowel habits etc.)
2. Keep the client occupied throughout
3. Involving the family in care of the client
4. Giving more information about treatment modalities and financial support if any
5. Encouraging client to spare his time with his friends
6. Helping the client to involve in prayer
7. Helping the client to ventilate his feelings by involving in activities like listening to music, reading, news paper and magazines
8. Encourage to do regular prayer
9. Encourage to do rituals
10. Encourage to read books
11. Encourage to listen to music or radio

Researcher : Do you have any doubts regarding any measures?

Client :

Researcher : Listen to the client

Conclusion

Today we have discussed about some coping strategies and now we will be meeting again tomorrow and it will be the last session of counselling

COUNSELLING SESSION-3		
DATE:	TIME:	REPORT:

SESSION – IV

It Consists phase – IV (Termination phase)

Goal: Terminate the relationship with the patient

For last few days, we discussed about few positive strategies which may help you to adjust with the disease. Any more information you would like to take?

You try to follow:

- The medication advised by the doctor
- Engage in regular activities at home
- Try to do some exercises/involve in household activities
- Eat normal diet
- Be positive always
- Involve in activities of interest (games, gardening, rearing pets)
- Seek help from psychologist, when you are depressed.
- Try to mingle with others and accept reality.
- So hope that you will try to adjust better with the disease.

Conclusion

The researcher successfully terminated the relationship with the client without laying emotional burden on the client and also introduced some positive strategies to the client for his/her follow up.

COUNSELLING SESSION-4		
DATE:	TIME:	REPORT:

This is a general guideline for counselling in 4 session and 4 phases. The branching question may arise as per clients thinking and mental status so, days and duration may vary individual to individual.

Summary

The last 4 days we have discussed about the depression and ways to decrease the depressions. So I think that you realize the ways to fight against the depression and follow this in the future.

SAMPLING TECHNIQUE

A non probability convenience sampling technique was used to select the sample.

INCLUSION CRITERIA

1. Patients with Cancer with the age between 25-65 years only admitted in Cancer institute (WIA) Chennai, Adyar.
2. Patients with mild and moderate depression.
3. Both male and female patients.
4. Patients who were willing to participate in the study.
5. Patients with Cancer who can speak Tamil or English.
6. Patients with Cancer who are in stage 1 and 2.

EXCLUSION CRITERIA

1. Patients with Cancer who were very sick.
2. Patients with Cancer with severe depression.
3. Patients with Cancer were having hearing impairment.
4. Patients with Cancer who were in stage 3 and 4.

DESCRIPTION OF THE TOOL

The tool used in this study had two parts as follows.

Part-1: Demographic variables perform.

Part-2: Zung self rating Depression scale.

PartI- I: Demographic variable proforma

The Demographic variables includes age, gender, educational status, occupational status, economic status, mode of payment, availability of family support.

PartI-II: Clinical variable proforma

The clinical variables include Duration of illness, Stages of cancer, System involved , mode of treatment, Family historyand Involving any other therapy.

PartI – III : Zung self rating depression scale

The level of depression is measured by zung self rating depression scale.

POSITIVE QUESTION: 1,3,4,7,8,9,10,13,15,19.

NEGATIVE QUESTION: 2,5,6,11,12,14,16,17,18,20. It is a 4 point likert scale.

SCORING KEY

The criteria prepared and each criteria consists of minimum level 20, maximum level 80,As the score increases the level of depression also increases, 1 – 4 response columns and rating as (1) a little of the time, (2) some of the time, (3) good part of the time, (4) Most of the time, Ten items are positive questions and ten are negative questions. According to the self report and response form the samples scoring was done.Positive questions scoring a little of the time (1), some of the time (2), good part of the time(3), most of the time.Negative question scoring a little of the time (4), some of the time (3), good part of the time (2) most of the time (1).

SCORE INTERPRETATION

The total score 80.

The Score between < 50 is considered as Normal.

51- 60 indicate mild depression.

61 – 70 indicate moderate depression and

> 70 indicate severe depression.

VALIDITY AND RELIABILITY

Content validity was obtained from experts after the necessary modification made in the tool. Reliability of the tool checked by test retest method. The ‘r’ value was 0.9 which indicated good reliability of the tool.